

SUPPLEMENT The Association

BUSINESS REPORT OF THE SIXTY-THIRD ANNUAL MEETING OF THE CANADIAN MEDICAL ASSOCIATION HELD IN TORONTO

June 20, 21, 22, 23, 24, 1932

THE sixty-third annual meeting of the Canadian Medical Association was held in the Royal York Hotel, Toronto, on June 20th, 21st, 22nd, 23rd, 24th, 1932.

The first session of Council was held on Monday morning, June 20th, commencing at ten o'clock. The Chairman, Dr. A. T. Bazin, of Montreal, welcomed the members in attendance and presented messages of greeting from the British Medical Association and from Dr. H. H. Murphy of Victoria, B.C.; also regrets for absence from Dr. John Ferguson, Toronto, Dr. C. J. Veniot, Bathurst, N.B., Dr. Léon Gérin-Lajoie, Montreal, and Dr. B. G. Bourgeois, Montreal

The following delegates, eighty-four in number, answered to the roll call:—

Dr. G. A. B. Addy	- - - -	Saint John
Dr. G. H. Agnew	- - - -	Toronto
Dr. Geo. C. Anglin	- - - -	Toronto
Dr. J. Fenton Argue	- - - -	Ottawa
Dr. L. J. Austin	- - - -	Kingston
Dr. D. M. Baltzan	- - - -	Saskatoon
Dr. Gordon Bates	- - - -	Toronto
Dr. A. T. Bazin	- - - -	Montreal
Dr. J. R. Belisle	- - - -	Hull
Dr. W. J. Bell	- - - -	Toronto
Dr. J. E. Bloomer	- - - -	Moose Jaw, Sask.
Dr. Alan Brown	- - - -	Toronto
Dr. C. W. Burns	- - - -	Winnipeg
Dr. G. Stewart Cameron	- - - -	Peterborough
Dr. W. K. Colbeck	- - - -	Welland
Dr. W. G. Cosbie	- - - -	Toronto
Dr. P. C. Dagneau	- - - -	Quebec
Dr. T. A. J. Duff	- - - -	Toronto
Dr. R. W. L. Earle	- - - -	Perth, N.B.
Dr. J. H. Elliott	- - - -	Toronto
Dr. G. S. Fahrni	- - - -	Winnipeg
Dr. J. G. FitzGerald	- - - -	Toronto
Dr. A. Grant Fleming	- - - -	Montreal
Dr. J. T. Fotheringham	- - - -	Toronto
Dr. W. E. Gallie	- - - -	Toronto
Dr. J. C. Gillie	- - - -	Fort William
Dr. P. G. Goldsmith	- - - -	Toronto
Dr. Duncan Graham	- - - -	Toronto
Dr. A. R. Hagerman	- - - -	Toronto
Dr. N. MacL. Harris	- - - -	Ottawa
Dr. V. E. Henderson	- - - -	Toronto
Dr. W. B. Hendry	- - - -	Toronto
Dr. J. H. Holbrook	- - - -	Hamilton
Dr. Geo. R. Johnson	- - - -	Calgary
Dr. S. R. Johnston	- - - -	Halifax
Dr. Samuel Johnston	- - - -	Toronto
Dr. A. S. Kirkland	- - - -	Saint John
Dr. Oskar Klotz	- - - -	Toronto
Dr. W. S. Lyman	- - - -	Ottawa
Dr. Wm. Magner	- - - -	Toronto
Dr. J. C. Meakins	- - - -	Montreal
Dr. Ross Millar	- - - -	Ottawa

Dr. A. S. Monro	- - - -	Vancouver
Dr. J. C. McClelland	- - - -	Toronto
Dr. J. E. McGillivray	- - - -	Weyburn
Dr. A. E. McDonald	- - - -	Toronto
Dr. J. S. McEachern	- - - -	Calgary
Dr. A. J. McGanity	- - - -	Kitchener
Dr. A. J. Mackenzie	- - - -	Toronto
Dr. K. A. McKenzie	- - - -	Halifax
Dr. Murray MacLaren	- - - -	Saint John
Dr. Helen MacMurchy	- - - -	Ottawa
Dr. Alex. McPhedran	- - - -	Toronto
Dr. F. C. Neal	- - - -	Peterborough
Dr. A. G. Nicholls	- - - -	Montreal
Dr. F. J. O'Leary	- - - -	Toronto
Dr. R. Parsons	- - - -	Red Deer
Dr. F. S. Patch	- - - -	Montreal
Dr. Robin Pearse	- - - -	Toronto
Dr. R. M. Pendrigh	- - - -	Saint John
Dr. J. T. Phair	- - - -	Toronto
Dr. R. W. Powell	- - - -	Ottawa
Dr. A. Primrose	- - - -	Toronto
Dr. G. A. Ramsay	- - - -	London
Dr. P. Z. Rhéaume	- - - -	Montreal
Dr. T. R. Ross	- - - -	Drumheller
Dr. F. W. Routley	- - - -	Toronto
Dr. T. C. Routley	- - - -	Toronto
Dr. E. S. Ryerson	- - - -	Toronto
Dr. H. B. Small	- - - -	Ottawa
Dr. F. N. G. Starr	- - - -	Toronto
Dr. Jas. Stevenson	- - - -	Quebec
Dr. G. F. Strong	- - - -	Vancouver
Dr. A. B. Schinbein	- - - -	Vancouver
Dr. D. Stewart	- - - -	Ninette
Dr. E. E. Trottier	- - - -	Montreal
Dr. J. B. Thom	- - - -	Trail, B.C.
Dr. F. F. Tisdall	- - - -	Toronto
Dr. H. B. VanWyck	- - - -	Toronto
Dr. O. S. Waugh	- - - -	Winnipeg
Dr. D. E. S. Wishart	- - - -	Toronto
Dr. R. E. Wodehouse	- - - -	Ottawa
Dr. A. MacG. Young	- - - -	Saskatoon
Dr. Geo. S. Young	- - - -	Toronto

REPORT OF THE COMMITTEE ON ARCHIVES

In the absence of the Chairman, Dr. C. F. Wylde, the Chairman of Council called upon Dr. J. C. Meakins to present this report, the members of Council rising in tribute to their colleagues who had passed away since the last annual meeting of the Association.

Mr. Chairman and Members of Council:—

Your Committee on Archives reports with regret, the loss by death of 61 members of the Association during the past year. Those whom we record are:—

Alexander, Walter Pennington John, Bloomfield, Ont.
Archambault, Gustave, Montreal, Que.
Ardagh, Ainslie Power, Orillia, Ont.
Austin, James Priestley, Walkerville, Ont.

Baldwin, Edmund St. George, Toronto, Ont.
(Life Member)
Bentley, John S., Saint John, N.B.
Bibby, Frederick Thomas, Flesherton, Ont.
Blackader, Alexander Dougall, Montreal, Que.
(Life Member)
Bryce, Peter Henderson, Ottawa, Ont.
Burgess, Herbert William, Toronto, Ont.
Burridge, Arthur J., Winnipeg, Man.
Campbell, Gordon L., Kelowna, B.C.
Carmichael, Duncan Nevan, Peterborough, Ont.
Carthew, Charles Edward, Edmonton, Alta.
Cherniak, Isidore Mordecai, Windsor, Ont.
Collins, Hobert Le Gear, New Westminster, B.C.
Conboy, Richard Smith, Toronto, Ont.
Cooper, George, London, Ont.
Davis, Sidney Nixon, Welland, Ont.
Day, Henry Egerton, Kingston, Ont.
Dewar, Malcolm Comrie, London, Ont.
Dollar, George Logie, Hornpayne, Ont.
Edmison, John Henry, Brandon, Man.
English, Walter Murray, Brockville, Ont.
Gallagher, Joseph B., Montreal, Que.
Green, T. Bennett, New Westminster, B.C.
Godfrey, Forbes Elliott, Mimico, Ont.
Gundesen, Christian N., Calgary, Alberta.
Hattie, William Harop, Halifax, N.S.
Hoare, Charles Westlake, Walkerville, Ont.
Jory, Joseph Morley, St. Catharines, Ont.
Lasalle, Albert, Montreal, Que.
Laurie, Charles Norval, Port Arthur, Ont.
Mitchell, Robert Menzies, Weyburn, Sask.
Morrison, Daniel Allan, Louisburg, N.S.
Mowbray, Frederick Bruce, Hamilton, Ont.
Mulloy, Patrick Gannon, Morrisburg, Ont.
Murray, Leonard Milton, Toronto, Ont.
MacDonald, Duncan A., Winnipeg, Man.
McIvor, Norman Kitson, Winnipeg, Man.
McLeod, John Robert, Ferintosh, Alta.
McPhee, Thomas Judson, Nanaimo, B.C.
McRitchie, Thomas Lovell, Chatham, Ont.
O'Hara, Thomas J., London, Ont.
Phillips, Alfred Coyne, Punnichy, Sask.
Philp, William, Hamilton, Ont.
Pickard, Lawrence Nelson, Winnipeg, Man.
Pirt, Wesley Wright, Winnipeg, Man.
Prowse, Samuel Willis, Winnipeg, Man.
Pyne, Robert Allen, Toronto, Ont.
Sharpe, James Harold, Swift Current, Sask.
Simard, Arthur, Quebec, Que.
Smith, Andrew Harvey Cameron, Kirkland Lake, Ont.
Stewart, Clarence James, Montreal, Que.
Stewart, Robert Boyd, Toronto, Ont.
Vango, Harold Main, Edmonton, Alta.
Verner, Thomas, North Vancouver, B.C.
Walcott, Edward Julian O'Neal, Lachine, Que.
Walsh, James, Mount Stewart, P.E.I.
Williams, Henry Thomas Hadley, London, Ont.
Young, David, Winnipeg, Man.

Your Committee, as instructed on the occasion of the Annual Meeting in Charlottetown in 1928, has now accumulated a large volume of data dealing with the origin, history and activities of the Association from 1843, when its formation was first mooted, to 1882. Since the latter date the records of the Association are easy of access and the material is more of contemporary importance than of historical interest.

Your Committee feel that they have fulfilled the instructions given to them at the above mentioned meeting and would now recommend—

1. That Council appoint a member of the Association to write the history of the Association from the material which has been collected;

2. That he be given an honorarium commensurate with the importance and extent of his labour;

3. Your Committee would humbly suggest that this duty be placed in the hands of Doctor H. E. MacDermot, Associate Editor of the *Canadian Medical Association Journal*, as an additional undertaking to his present duties;

4. That whoever may be engaged to undertake this labour should be made a member of the Archives Committee which will have supervision of the character and scope of the history, and will act in an advisory capacity to the writer.

Your Committee is continuing to be active in obtaining material of interest for the archives, which is being filed in the McGill Medical Library.

Your Committee would be glad to receive material of historical interest connected in any way with the activities of the Association, such as letters, documents, newspaper clippings, photographs, manuscripts, etc., pertinent to the history of the Association.

All of which is respectfully submitted.

C. F. WYLDE,

Chairman.

Approved.

REPORT OF THE EXECUTIVE COMMITTEE

It was agreed that this report should be presented and discussed clause by clause, as follows:—

Mr. Chairman and Members of Council:—

Your Executive Committee met four times during the year, while the Sub-Executive Committee met twice.

Herewith is presented your Committee's report.

ANNUAL MEETING, 1931

We have come to look upon the annual meeting as the outstanding event which marks the end of the old year and the beginning of the new. The people of the Pacific Coast have a reputation for doing things exceedingly well and this is particularly applicable to the medical profession. Under the direction of Dr. and Mrs. A. S. Monro, the doctors and their wives in the City of Vancouver displayed outstanding ability in the arrangements which they carried through for our sixty-second annual meeting which took place in Vancouver during the week of June 22nd, 1931. The program was of a high order. The attendance, being 510 doctors and 300 ladies, was above the number anticipated. Hospitality and good fellowship abounded. Altogether the meeting was quite successful and we desire to thank our Vancouver friends for their splendid efforts.

Approved.

ANNUAL MEETING, 1932

At our last annual meeting, it was agreed that we should convene in 1932 in the City of Toronto, conjointly with the Ontario Medical Association, of which latter body Dr. L. J. Austin of Kingston is President. Last Autumn, our President-Elect, gathered together a very strong and representative committee which has been hard at work during the past several months, under the direction of Dr. Primrose, Dr. Austin, and Dr. George S. Young of Toronto as Vice-Chairman. Your Executive Committee has been kept in touch with developments for the annual meeting, and desires to take this opportunity of expressing on behalf of Council thanks to the Toronto

Committee for preparing what we believe to be an excellent program.

We would be remiss in our duty if we failed to express our sincere appreciation to Mrs. Primrose and the members of her Committee, who have been indefatigable in their efforts throughout the year in planning for the entertainment of their lady visitors.

Approved.

INVITATIONS TO THE ASSOCIATION

We have on file the following invitations for future annual meetings of the Association:—

1933—The New Brunswick Medical Society for the meeting to be held at Saint John.

1934—The Alberta Medical Association for the meeting to be held in Calgary.

The Western Ontario Academy of Medicine, London, for the meeting to be held in London at some convenient date in the near future.

These invitations will be passed to the Nominating Committee for consideration.

This Clause was approved for submission to the Nominating Committee.

ON TO ENGLAND

Last year, Council instructed your Committee to organize a pilgrimage to the Centenary Meeting of the British Medical Association to be held in London during the month of July next. This undertaking has required a good deal of time, but we are glad to report that present indications point to something over one hundred doctors and their wives forming the delegation. The party sails from Montreal on the Duchess of Atholl, on Saturday, July 2nd, arriving at Belfast a week later. The following two weeks are spent in touring Ireland, Scotland, Wales and England, arriving in London on Friday, July 22nd.

Council will no doubt desire to instruct its delegates to carry to the Mother Association overseas, sincere felicitations on attaining its one hundredth birthday.

Approved.

The General Secretary reported that the latest records indicated that about 175 bookings were made for the trip. (The party proceeding on July 2nd actually numbered 220.)

PERIODIC HEALTH EXAMINATIONS

Council is familiar with the fact that, beginning with the New Year in 1930, we organized a periodic health examination department to cooperate with a number of Insurance Companies of Canada. During that year, the privilege was extended to several thousand policy holders to have physical examinations by the doctors of their choice. The examining doctor was paid \$4.00 for each examination. It was agreed that the work of the year was to be considered as an experiment. The Insurance Companies were sufficiently pleased with the results to carry on in 1931 with a modified scheme which paid the examining doctor \$5.00 instead of \$4.00, the actual details of the plan being conducted by the Insurance Companies themselves, under an organization known as the Canadian Medical Institute. Since our last annual meeting, the Canadian Medical Institute has taken out Letters Patent, making it an incorporated body; and, according to reports coming to us, the participating Companies are highly pleased with the results so far attained.

The Canadian Medical Association will continue to carry on its policy of education with regard to the value of periodic health examinations. It is the opinion of your Executive Committee that we may be proud of the part we have played in this development and what has been accomplished to date.

Because of a number of inquiries which have come to us, it seems fitting that reference should be made to the fact that the Canadian Medical Association has no jurisdiction over any organization carrying on periodic health examinations in Canada. Your Executive Committee is of the opinion that \$5.00 is a reasonable fee for this examination; but, of course, if members of the medical profession are willing to do the work for one-half of that amount there really is nothing that the Canadian Medical Association can say or do about it, other than to stress that the profession should be paid adequately for services rendered. If the profession is paid less—the fault lies with the individuals who are willing to take less.

Approved.

In discussing this Clause, members of Council expressed approval of the increased fee to medical men for making periodic health examinations under the policy of the Canadian Medical Institute. It was also reported that the Director of the Canadian Medical Institute is compiling a report of the findings of these examinations which will be of interest to the profession.

THE CANCER PROBLEM

Last September, the Alberta Medical Association, a branch of the Canadian Medical Association, sent the following resolution to be considered by your Executive Committee:—

"Whereas all the resources of the Canadian Medical Association have never been mobilized in the fight against cancer; and whereas the overwhelming majority of the cases of cancer occurring in Canada are first seen by the family doctor who is familiar with the environment and habits of life of the patient; and whereas another large group of cancer patients are treated by internists, surgeons and specialists who are not associated with teaching hospitals but who have highly trained powers of observation;

Therefore, be it resolved that the Alberta Medical Association assembled in Calgary, request the Executive of the Canadian Medical Association as the representative of organized medicine in Canada, to consider the advisability of sponsoring a movement to secure the cooperation of every practising physician in Canada, in an investigation of the cause and the earliest clinical manifestations of cancer.

It was further suggested by the Alberta Medical Association that each physician be asked to volunteer to carry on clinical research on cases presenting themselves to him for treatment, that the lines of research be outlined to him by a committee formed for that purpose by the Canadian Medical Association, and, further, that each volunteer be required to record in detail all the data suggested on the forms to be supplied by the Committee. One copy of the report of research in each case shall be forwarded to the central cancer committee. The central cancer committee shall take such steps as may be necessary to have those reports analyzed from time to time, and the results of such analyses shall at all time be available to any research worker on cancer, or to any organized body engaged in the fight against cancer, provided only that such individuals or organizations shall be regarded by the Canadian Medical Association as honest and ethical."

Your Committee dealt with this matter at some considerable length at a meeting held in Ottawa in November last year, at which time the sponsor of the resolution, Dr. J. S. McEachern, of Calgary, was present. It was agreed that a special committee of the Association should be appointed, with Dr. McEachern as Chairman,

to study the problem and report back to your Executive Committee. Herewith appended is the report of the special committee, which is passed to Council for consideration.

"At the Executive Meeting of the Canadian Medical Association held in Ottawa in November, 1931, a resolution was passed, which in effect was a request to the Council of the Canadian Medical Association that it establish a Department of Clinical Research. It was further requested that the first activity of this Department of Clinical Research be the establishment of a sub-department to study the cancer problem throughout Canada.

The Chairman of Council named a committee with instructions to prepare a workable plan under which such a sub-department could be operated. The committee consisted of:—

Dr. J. S. McEachern (Chairman), Calgary.

Dr. L. J. Rhea, Montreal.

Dr. L. J. Austin, Kingston.

Dr. J. G. FitzGerald, Toronto.

Dr. M. R. MacCharles, Winnipeg.

Dr. A. S. Monro, Vancouver.

Before proceeding further let us remind you that in 1930 a communication was received by the Canadian Medical Association from the Provincial Association of Saskatchewan requesting it to undertake a study of cancer throughout Canada. In the same year and again in 1931 a request was received from the British Empire Cancer Campaign asking for the cooperation of the Canadian Medical Association. No action was taken until November, 1931, when this committee was appointed.

Although the Canadian Medical Association has up to the present been inactive in this problem, it must not be inferred that the Provincial Associations have done nothing. The first step taken by the active members of the committee was to secure the cooperation of the members of the various Provincial Cancer Study Committees in the parts of Canada with which contact could be established. It was found that in the Provinces of Ontario, Manitoba, Saskatchewan, Alberta and British Columbia, there were Cancer Study Committees appointed by or closely cooperating with the Provincial Association. These had been in active operation for periods varying from a few months to two years. Our Committee wish to acknowledge with thanks the helpful assistance of the members of these Provincial Committees in preparing this report. Their suggestions have been received in some cases as personal communications and in others by means of letters.

While it is not possible to review in detail the lines followed by each of the various Provincial Committees, it is of value to pass in review what appeared to them to be the local needs, which they are striving to supply.

Each provincial group expressed very definitely in its own way that the control of cancer was dependent upon two distinct efforts.

- (a) The purely scientific effort to discover by laboratory methods the cause of cancer and the agency or agencies, which would render the cause inoperative.
- (b) The clinical effort, represented by attempts to ensure early diagnosis, and to apply the most suitable treatment in individual cases.

Regarding the first of these efforts the unanimous opinion was that it was outside the purview of a provincial cancer study organization. The second was, however, their task. Each group is undertaking that task in its own way. Fundamentally, their aims are identical. In detail their methods differ rather widely.

All expressed the desire to have some central Canadian committee which would direct their work in such a way as to secure some measure of uniformity in the mode of work and at the same time permit of freedom to deal with problems which they regarded as most pressing in their particular locality. All were agreed that the Canadian Medical Association was the logical body to

undertake the establishment of such a coordinating central committee.

From the clinical aspect certain difficulties and certain facts, which can be of value in an organized attack, were pointed out. These are well known to you already but they will be enumerated.

1. The cancer case is first seen by the family doctor. Unfortunately, in many cases he fails to recognize it early enough for effective treatment. This point will be referred to again from various angles.

2. There is or was an absence of adequate consulting facilities to aid the family doctor in detecting early cancer, especially in deep-seated organs.

3. There are no statistics available, reliable or otherwise, which provide us with information as to the incidence of cancer in Canada, either in general or in respect of the various sites.

4. There are no statistics in Canada, which are of value in comparing the duration of life of treated and untreated cases in various sites, other than the observations of a few individuals regarding a very limited number of personal cases.

5. Conflicting statements regarding the relative value of radium and surgery in various sites.

6. There was an insufficient supply of radium available in the province for the purpose of treating cases amenable to that form of treatment.

Having in mind the obstacles reviewed the various provincial cancer committees have set to work to overcome them. Each has attacked the problem which seemed to it to be most urgently in need of solution in its particular province.

In three provinces arrangements have been established, or are in the way of being established, which provide facilities for medical, surgical, and radiological consultation for cases where cancer is suspected. In these a supply of radium adequate in amount to treat suitable cases has been provided.

A uniform system or record keeping for the cancer cases examined in the various clinics has been provided. Incidentally, statistics are being accumulated.

In two provinces the activities of the Provincial Cancer Committees have been directed along two lines. First, the collection of statistics regarding the incidence of cancer in the province. As an aid to this at the request of each Provincial Association the Provincial Department of Health has made cancer a notifiable disease. The second activity has been educational. In the larger hospitals in each of these provinces Local Cancer Committees have been formed. It is their task to call the attention of the staff to the early signs of cancer in various sites; to stimulate the members of the staff to make more careful and exhaustive records of cancer cases; to study the advances made in the treatment of cancer in various sites and make a report from time to time to the hospital staff; and finally to analyze the cancer records of the hospital for statistical purposes.

While this is admittedly a sketchy and incomplete review of the work of these Provincial Cancer Committees it is sufficient to show that there are already in at least five of the Provinces of Canada organized efforts being made for the control of cancer.

These committees are composed of men, who are possessed of industry, enthusiasm, initiative, and an eager readiness to cooperate in any practical plan, which will coordinate cancer activities throughout Canada. In each case the details of their work have been carried out in existing organized hospitals.

Relating to the cancer case and the hospitals some further observations have been called to our attention.

Owing to the peculiar nature of the disease most cases of cancer at some time are admitted to a hospital. It follows that a careful study of all hospital cancer cases would give us information regarding the majority of cases occurring in Canada.

Further, if we consider all Canadian hospitals of 100 beds and upwards they will fall into one or other of two classes. In the first class we have the teaching hospitals

staffed almost wholly by specialists. Here there is opportunity of studying the cancer cases admitted. They have in varying degree the facilities for carrying on scientific experiments as well as clinical experiments in the application of new forms or combination of forms of treatment. They carry the burden of teaching the undergraduate student. The second class, by far the largest in numbers, whether open or closed hospitals, are staffed largely by men in general practice with a minority of specialists. These have neither the equipment nor the training to carry out scientific or clinical experiments. They have, however, the opportunity of supplementing the educational work of the teaching schools, and by oft repeated reminders regarding the early signs of cancer in various sites, help to remove the reproach that early cancer is overlooked by the doctor in general practice.

One further observation along this line presents food for thought. Perhaps 10,000 or less new cases of cancer develop in Canada annually. We have approximately 10,000 physicians. If these cases were equably distributed there would be only one new case for each doctor annually. Is it much wonder that under our present system the man, who sees only one case a year and never two cases in succession in the same site, should become indifferent to the warning signs?

RECOMMENDATIONS

Your Committee recommends to Council that the Canadian Medical Association establish a Department of Clinical Research with a full time medical man in charge, who shall be responsible for the direction of the department and of the various sub-departments, which shall from time to time be appointed.

The Sub-Department of Cancer Research of the Canadian Medical Association shall be organized with a Central Committee having under its jurisdiction Provincial Committees, which in turn shall be responsible for Local Hospital Cancer Committees.

The Central Committee of the Sub-Department of Cancer Research of the Canadian Medical Association shall consist of a nucleus in one of the larger centres with representatives in each province selected from the personnel of the Cancer Study Committee of each provincial association, with power to add in its discretion laboratory workers in medical and allied fields. It shall consist of one or more representatives of each special branch of medical activity such as internal medicine, surgery, gynaecology, urology, radiology, ophthalmology, otolaryngology.

It shall be the duty of the Central Committee to direct the study of cancer cases throughout Canada, utilizing for this purpose the Provincial Cancer Study Committees and through them the various Local Hospital Cancer Study Committees, which are now established or shall be established.

It shall require of each Provincial Study Committee that it provide the Central Committee with the case records of the cancer cases occurring in the area under its jurisdiction with tabulated analyses. It shall require of the Provincial Cancer Committee that it select from the cases studied by it those histories which, in its opinion, are worthy of further study by the Central Committee.

It shall keep on file all histories submitted, so that they shall be available for study when required.

It shall specially study those cases, which have been segregated by the Provincial Committees which, in their opinion, contain notes which may throw light upon earlier manifestations of cancer in various sites or which contain any information of an unusual character regarding symptoms, duration, or treatment. In this study the Central Committee shall note any unusual premonitory symptoms, which occur sufficiently often in the cases reviewed to suggest that they may have a bearing on the symptomatology of cancer in the site under consideration.

It shall require the Provincial Committee to forward "follow up" notes on each case from time to time.

It shall keep in touch with cancer activities in other countries, making special note of features which might be applicable to the work in Canada.

It shall prepare abstracts of reports of scientific investigation in the field of cancer, which in its opinion are of practical value.

From time to time it shall pass along to the provincial organizations through the medium of the *Journal* or by special communications the result of its observations, together with any recommendations or suggestions, which in its opinion may be of value.

It shall after consultation with existing Provincial Cancer Committees prepare a form on which all cancer histories shall be reported, also a form on which local committees and provincial committees shall tabulate the analysis of cases.

It shall prepare such statistical information from time to time as it may consider to be of value.

All formal communications from the Central Committee to the Provincial Committees shall be in both French and English.

The Provincial Cancer Committees shall be appointed by the various Provincial Medical Associations after consultation with the Central Committee. The personnel of these has already been provided for in at least five of the provinces.

In any province where a large proportion of the practising physicians speak the French language, there shall be two provincial committees—one in charge of the hospitals staffed by French speaking and the other in charge of the hospitals staffed by English speaking physicians.

The final report of the French Language Provincial Committee and any case reports specially selected for review by the Central Committee shall be translated into the English language before being forwarded to the Central Committee.

It shall cause to be appointed in the area under its jurisdiction in each hospital of 100 beds and upwards a Local Cancer Committee selected from the staff of the hospital.

It shall require of each Local Committee that it provide it with full case notes on each case of cancer admitted to that hospital, together with a tabulated analysis of the cases of cancer in various sites and that those case reports which in the opinion of the Local Committee contain information of potential value in elucidating new knowledge of symptomatology, be specially segregated for the consideration of the Provincial Committee.

It shall study the cases specially segregated by the Local Committee and select from these the cases, which it will request the Central Committee to study. When this has been completed it shall forward all the material together with its notes to the Central Committee.

It shall keep a Register in which a record of the identity of all living cases is available and shall require from the Local Committee follow up notes from time to time, which it shall forward to the Central Committee.

It shall criticize the records of each Local Committee pointing out when they are incomplete and suggesting wherein improvement may be obtained.

It shall keep its Local Committee informed with regard to any special type of enquiry, which the Central Committee may desire to be made into the history of cancer cases coming under their observation.

Each organized hospital of 100 beds and upwards shall appoint from its staff a *Local Cancer Committee*. Insofar as it is possible this Committee shall consist of representatives of the various specialties.

The Local Committee shall secure from the hospital a copy of the notes on each cancer case treated in the hospital.

It shall immediately review each history and where it is deficient in information shall point out to the physician in attendance where it is incomplete and endeavour to

have him secure further information in order to complete the history.

Once a month it shall review the completed notes on cancer cases for the month and tabulate the information contained in each on the form to be supplied.

If any history contains information, which in the opinion of the committee might be indicative of a premonitory symptom of cancer, which is not at present admitted as having significance, they shall specially mark that history for further review by the Provincial Cancer Committee.

At each monthly staff meeting one member of the committee shall in a brief address review the symptomatology of cancer in one or more sites. He shall particularly refer to the histories, which have come under review and refer to the failures to pay attention to suggestive signs or commend the prompt recognition of signs, which have resulted in early diagnosis. In this way the staff will be frequently reminded of the potential significance of manifestations, which may mean cancer.

It shall at intervals of not more than six months secure a follow up note on each case during the duration of life and forward the report of the Provincial Cancer Committee to be transmitted to the Central Committee.

Respectfully submitted.

J. S. McEACHERN,
Chairman of Committee."

Considerable discussion followed the presentation of this report, in which the following opinions were expressed:—

"Congratulations are due this Committee for bringing in such a comprehensive report in such a comparatively short time. In order to carry out the recommendations of the report we would require a man who would be paid a reasonable salary and his expenses. The provincial and local committees, apart from the full-time secretary, would be on a voluntary basis. It would be necessary to have the whole-hearted co-operation of the medical profession in order to secure the necessary data. If that could be counted upon, we would, in a short time, have collected a volume of statistical material which would be second to none in the world. There is nothing in Dr. McEachern's report which should not have and demand the full cooperation of all medical organizations and hospital staffs, and also the individual members of this Association."

"There is one difficulty in the Province of Ontario, in that the Government is at present establishing cancer centres for the diagnosis and treatment of cancer cases. There might be a good deal of duplication of work as records will have to be kept in these centres. There should be some assurance that any plan inaugurated by the Canadian Medical Association would not conflict with the plan established by the Government."

One member of Council expressed doubt as to whether the statistics which would be obtained under the plan suggested in the report, would be

of much value, due to the fact that it is often very difficult to determine cancer in the early stages.

"The Saskatchewan Medical Association, some two years ago appointed a Committee called the Cancer Study Committee. They were in close association with our Government, and, after a good deal of preliminary work, the Government saw fit to establish a cancer commission. They decided to go ahead with the establishment of cancer centres in the province. The first observation to be made is with reference to the financial side of this work. Should we as an Association accept responsibility for the financial side of the work or might that be left to the individual provinces for Governmental action. We have an idea that this is a question which does not affect, primarily, the medical profession, but the whole population. The duty which devolves on us is to urge on the Government to take the most effective action that can be taken. If we accept that responsibility, the work will be accomplished more expeditiously. In the schedule outlined in the report there might be conflict with other organizations. It might be better if we would cooperate with the Provincial Governments in whatever plan they may decide to put into operation. I think this is a good scheme on paper, but I am not sure it would be so effective in practice. Our Government in Saskatchewan has already taken the responsibility of establishing a cancer committee and two cancer centres. By cooperating with the Government, I think we would get results. We should urge the authorities on in the work they have undertaken."

"The Province of New Brunswick has appointed a cancer study committee. The scheme outlined in this report has the disadvantage of interfering with the organization already made. The work in our province is done by men without recompense. I believe it would be unwise for this Association at present to go into the matter."

"This plan would call for the expenditure of a considerable sum of money,—not less than \$10,000 a year and probably more. Many of the activities of the Canadian Medical Association are maintained by the generosity of certain Insurance Companies. The general expenses are met by membership fees. Where are we going to get the \$10,000. At the present time, the Association has not the funds which would provide for the necessary expenditure."

"There is a great deal in this report that is of very considerable value. The medical profession throughout Canada are sufficiently alive

to the early recognition of cancer so far as their knowledge goes, but not in so far as their *industry* is concerned, when, as often happens, people go to their physician time after time with suspicious symptoms that are neglected by the physician. The function of this Association is largely educative, and we could, very easily, through our post-graduate department, hospital centres, staff meetings, etc., make a special effort to draw the attention of the members of the profession to the necessity not only of recognizing early symptoms, but of making the necessary examinations. It would be quite in order for some one to request that this be considered as a progress report and that the study be continued."

"Certain activities are going on in some of the provinces which would appear to interfere with the carrying on of the plan suggested in this report. At the same time, there are several matters which are not taken up in the report and which should be borne in mind. Would it be in order for us to continue the Committee, with a view to having another report next year, and in succeeding years, on the whole question of cancer? There should be a group appointed by Council which would report periodically on the question of cancer. Could this Committee be continued with that end in view?"

"As to the situation in the Province of Ontario, the Provincial Minister of Health has accepted an advisory committee appointed by the Board of Directors of the Ontario Medical Association. Could we not recommend that the Federal Department of Health take similar action?"

"In the Province of Manitoba, we have, for the last two years, been operating under a charter, an organization known as the Cancer Relief and Research Institute. We have purchased radium to be used in the treatment of cancer cases. I think this report has much good material in it. I feel that we should not turn it down. It seems to me that the duties of these provincial organizations should be educational and an endeavour should be made to make the members of the profession more watchful than we are at present. I would suggest that we bring this matter up again one year hence, and would make a motion accordingly."

It was duly moved, seconded and agreed—

"That this Study Committee on Cancer be asked to continue as a study committee; and that they be requested to bring in a report to Council again next year."

OSLER SCHOLARSHIPS

It will be recalled that, at the Montreal meeting in 1929, when the Osler Oration was inaugurated, the then President of the Association, Dr. A. T. Bazin, made the very pleasing announcement that the Board of Management of the Montreal General Hospital and Mr. J. W. McConnell of Montreal had each donated the sum of \$6,000 to the Canadian Medical Association, the accumulated interest of which, in each instance, was to be utilized every three years, to provide two Osler Scholarships, one candidate to be nominated by the Medical Board of the Montreal General Hospital and the other to be nominated by the Faculty of Medicine, McGill University. As these awards fall due this year, your Executive Committee has received and approved of the following nominations:—

Nominated by Faculty of Medicine, McGill University—

Gerald Taylor Evans—expects to graduate from McGill University in May 1932 and will continue research work for another year, devoting himself to clinical and academic work in medicine.

Nominated by the Medical Board of the Montreal General Hospital—

Dr. Gordon Allan Copping—an honour graduate in medicine of McGill University in 1930. Plans to go abroad for further study after July 1st, 1933, and, later, to take up practice in Montreal.

Approved.

OSLER ORATION

It seemed desirable to your Committee that the Osler Oration might follow on from the character of the inaugural address prepared by the late Dr. Francis J. Shepherd and delivered by Dr. H. A. Lafleur which dealt with Osler's life in Montreal. Accordingly we are pleased to announce that Dr. Francis R. Packard of Philadelphia has agreed to give the oration this year, and has selected as his subject, "William Osler, the Institutions and Men with whom he was associated in Philadelphia." The Oration will be given in Convocation Hall on the evening of Wednesday, June 22nd.

Approved.

HEALTH INSURANCE

The following resolution passed by Council at the Vancouver meeting was forwarded to the Executive Committee for action:—

"That this Council go on record as recommending that the Canadian Medical Association take steps to form, in connection with its Committees on Economics and Public Health, a strong and carefully selected study group which shall consider the question of health insurance, and shall examine into all voluntary and compulsory schemes, and be prepared to submit constructive proposals to the Association."

After full discussion, it was duly moved, seconded and carried as follows:—

"That this matter be referred to the Chairmen of the Committees on Public Health and Economics with the request that they submit names to form a study group, according to the idea expressed in the resolution."

Acting upon this resolution, Dr. J. G. FitzGerald, Chairman of the Committee on Public Health, and Dr. J. H. MacDermot, Chairman of the Committee on Economics, made the following recommendation to the Executive Committee:—

"That a small study group of not more than seven members be formed covering as far as possible the whole of Canada; that this group be given authority to co-opt any additional members that it may see fit after it has been organized and its work has started; and that this group consist of the following members:— Dr. W. Harvey Smith, Winnipeg, (convener); Dr. C. J. Veniot, Bathurst; Dr. C. F. Martin, Montreal; Dr. J. S. McEachern, Calgary; Dr. J. G. FitzGerald, Toronto; Dr. J. H. MacDermot, Vancouver; with Dr. A. Grant Fleming as Secretary and organizer for the group."

At the November meeting of the Executive Committee, the matter was again discussed and it was finally moved, seconded and carried that the Study Committee as outlined above be approved.

Herewith follows the report of the Study Committee as submitted to your Executive Committee:—

"The Executive Committee, at its meeting in Ottawa on November 20, 1931, appointed a committee to study Health Insurance. The membership is as follows:—Doctors W. Harvey Smith, (Chairman); C. J. Veniot; C. F. Martin; J. S. McEachern; J. H. MacDermot; J. G. FitzGerald; and Grant Fleming (Secretary).

Previously, the Executive Committee, at its meeting held on November 19, 1929, appointed representatives to discuss the subject of Health Insurance with the Minister of Health for Canada, and to offer, on behalf of the Canadian Medical Association, the co-operation of the Association in a study of the subject. No action along this line was taken, but the Department of National Health did, on its own behalf, collect some information.

At the request of the Executive Committee, a study of existing reports and literature dealing with Health Insurance was reviewed, and a memorandum covering this study was presented to Council at the annual meeting in 1930.

Your Committee finds that the Association has collected a number of reports and writings on the subject, these being available for reference in the office of the Association. Recent additions have been made in the form of the monographs on Social Insurance published by the Metropolitan Life Insurance Company; Outline of Proposed System of State Health Insurance for the Province of British Columbia, by M. Stanley Clark; International Studies, by Sir Arthur Newsholme; Report of the Medical Service Committee of Manitoba; and the Progress Report (1930) and the Final Report (1932) of the Royal Commission on State Health Insurance and Maternity Benefits, British Columbia.

Your Committee finds that there is available, in these reports, full information on the subject of Health Insurance, and that no purpose would be served by the Committee, at least at this time, further reporting on the various systems of Health Insurance.

The Committee considers that its study should be directed to ascertain:—

1. The adequacy of medical care in Canada (using the term in its broadest sense, to include medical, nursing and dental care in the home and in hospital).
2. The adequacy of remuneration for services rendered.

Before attention is directed to the solution of a problem, the facts concerning the problem should be ascertained, and, in this case, factual material required has to do with the adequacy of medical care.

In order to determine the facts, it appears that studies will have to be made in a sufficient number of representative areas in Canada, covering rural, small town and larger centres.

The Dominion Bureau of Statistics has offered to assist in the selection of such representative areas based upon the recent census. The committee is also in touch with the Committee on the Costs of Medical Care, seeking information as to its methods of study.

It is obvious that, if the adequacy of medical care is to be studied, a definition of 'adequacy' must be made. The committee is considering, as a definition, that adequate care implies that service is available, paid for, and used early. Such a definition presupposes that early care is of value, and that medical care should be paid for.

Your Committee will have to devise a method whereby adequacy may be determined. This has not been done. At present consideration is being given as to how much would be revealed in this connection by a study of deaths from tuberculosis, cancer and puerperal sepsis.

It will take time to evolve a program. It should be mentioned that even if the program were to be prepared, it is questionable whether or not it would be advisable to start a study until economic conditions are stabilized. In any case, if the studies are to be made, the program

should be prepared and held in readiness until the proper time arrives for making the study."

Respectfully submitted.

W. HARVEY SMITH,
Chairman.

GRANT FLEMING,
Secretary.

Approved.

In discussing this report, one member of Council asked, "Is it the object of the Association, by keeping this Committee at work, to promote state medicine in Canada?"

In replying, Dr. Fleming stated that this Committee is a study committee and its object is to obtain facts in order that the profession of Canada may be informed of what is going on in other countries and in certain parts of Canada as well.

The General Secretary stated that it had been brought to his attention that all members of the profession in Canada do not hold the same views with regard to the genesis of this study and what is meant by it. It should be clearly understood in this Council exactly what our position is. If any Committee is endeavouring to bring about state medicine, it should be so stated. The Secretary of this Committee has advised us as to the purpose of the Committee. We have no mandate from Council to propagate state medicine. There should be no misunderstanding as to what our objects are. This is the proper time for any misunderstanding to be cleared up.

Dr. A. MacG. Young, Saskatoon, stated: "In our province, we have quietly studied this question and collected statistics. We feel that whatever is done is a matter entirely and exclusively for the particular province concerned. In British Columbia, they have gone, I think, to greater length than any other province in Canada. Dr. MacDermot, Chairman of our Committee on Economics, has taken a very definite stand in that province, and we should insist that no propaganda should come from any part of Canada to any other part, which would tend to bring more closely to the attention of the public in that province the question of the establishment of some form of state medicine. It may come in time to the Province of Saskatchewan. We are watching very carefully. We believe that our problem differs from the problem found in other provinces, and what is applicable to British Columbia is not applicable to us. We feel that too much has been said by the Canadian Medical Association about this question because it gives to the public the impression that the time has

come for the establishment of some form of state medicine. They get the idea that we think the time has already arrived when a system of state medicine should be inaugurated. We believe the problem is a provincial one and one which we should work out for ourselves. There should be nothing emanating from any of us which would tend to give the impression that the profession as a whole is advocating state medicine."

The Chairman of Council, in replying on behalf of Council and the Executive Committee, stated that "it has been definitely reiterated that all committees on health insurance are study committees only. Organized medicine is made up of individual medical men. The function of the medical profession is not only to care for the sick but to assist the population to keep well. All the material collected by our study committee is to be available for any of the provinces which may desire to have it; and that is our only purpose in making a study of this subject. We all know that there are parts of Canada not receiving adequate medical care and the study of the different schemes is for the purpose of being prepared, so that when and if any public body introduces some measure, we shall be ready to guide that along the right paths for the benefit of the public and the profession."

Dr. A. MacG. Young, Saskatoon: "We have studied this question in Saskatchewan and sent out a very elaborate questionnaire to find out definitely how much our medical men have earned, how much they have received, and how much their expenses are. We feel that this form of inquiry should properly be undertaken by the province concerned, and we do not think the impression should be allowed to go abroad that some form of state medicine should be adopted."

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At the request of the Canadian Medical Association, the Royal College of Surgeons of England has conducted its Primary Examination in Canada on three occasions, namely, 1929, 1930 and 1931. The number of candidates and the results in each instance follows:—

1929—23 candidates, of whom nine were successful;
1930—13 candidates, of whom three were successful;
1931—7 candidates, of whom two were successful.

We are not unmindful of the fact that the Royal College of Surgeons of England paid Canada a great compliment in sending their examiners to us,—something which had never been done before in any part of the Empire. The officials of the College feel, however, that they cannot continue to hold the primary examination in Canada unless at least twenty-five candidates present themselves for examination. Your Executive Committee is desirous of giving wide publicity to this fact, and has already taken steps through the several medical schools

in Canada to acquaint the student body and the younger practitioners with the proposal. An examination will be held in Canada in 1933 if a sufficient number of candidates make application. Otherwise, your Executive Committee recommends to Council that the examination be deferred until such time as the number of candidates warrants it.

Approved.

MEMBERSHIP

The membership by provinces for the years 1930 and 1931 is given below:—

Province	1930	1931
British Columbia.....	355	445
Alberta.....	336	279
Saskatchewan.....	363	294
Manitoba.....	495	325
Ontario.....	1,516	1,349
Quebec.....	450	450
New Brunswick.....	125	116
Nova Scotia.....	158	151
Prince Edward Island.....	39	35
	3,837	3,444

It will be observed that we sustained a loss of 393 members during the past year; but, considering the financial depression through which the entire country has been passing, this decline is not considered unduly large. Your Executive Committee views very sympathetically those cases where members have found it practically impossible to meet their obligations to the Association. In these instances, membership is being carried for the calendar year.

Approved.

ANTI-VACCINATIONISTS AND ANTI-VIVISECTIONISTS

The British Columbia Medical Association reported that local Anti-Vaccinationists and the Anti-Vivisectionists were demanding radio broadcasting facilities from the Canadian National Railway Radio Station in Vancouver. Upon receipt of this advice, the matter was immediately taken up with the Director of the C.N.R. Broadcasting Service in Montreal, by the Associate Secretary, Dr. Fleming. The privileges asked for were not granted.

Approved.

NARCOTIC DRUG PROBLEM

During the past year, a special committee under the Chairmanship of Dr. Bazin of Montreal has been giving careful attention and study to the Narcotic Drug Problem in Canada. The Committee reports that the last report of the Narcotic Drug Division of the Department of National Health, Ottawa, indicates that there has been a decrease in drug addiction in Canada.

Approved.

In discussing this section of the report, one member of Council asked if information were available to indicate that the use of narcotics is becoming very prevalent among High School students. Several members of Council stated that they did not consider such to be the case.

Hon. Dr. Murray MacLaren, Minister of Health for Canada, in speaking to the question of narcotic drug addiction, stated that he would be pleased to discuss this problem at any time with officials of the Association, and to render them any assistance which it is within his power to give.

MANITOBA MEDICAL ASSOCIATION *re* MUNICIPAL DOCTORS

The Manitoba Medical Association has been deeply interested during the past year in a situation which arose in the municipality of Strathclair, Manitoba, where the local council decided to appoint a municipal physician, on full time salary, and did not desire to appoint the local doctor who had been in the community for a number of years. After a great deal of negotiating, the Manitoba Medical Association agreed to the appointment of a municipal physician (other than the local doctor) subject to the doctor who was being supplanted, being reimbursed for his equity in property in the town, which property, under the circumstances, he was powerless to sell to any other practitioner.

The Manitoba Medical Association, further took steps to have the Municipal Act of the Province amended at the last session of the Provincial Legislature, as follows:

"(7) If at the time of the first reading of a by-law engaging a physician there is a physician or physicians resident in the district described in the petition, the council or councils in submitting the proposed by-law to the vote of the ratepayers shall, on the ballot used at such voting, make provision for ascertaining the preference of the voters as to whether or not the resident physician, or if more than one, which resident physician, or any other physician whose name is submitted by the council, ought to be appointed if the by-law is approved.

(8) The terms of the contract between the council or councils and the physician so appointed shall be in writing, signed and sealed by the parties thereto, embodied in a standard form prepared by the Department of Health and Public Welfare. Every such contract to be valid and binding shall be approved by the Board of Health.

(9) If a by-law has been submitted to the vote of ratepayers under this section, no further vote shall be taken prior to the expiration of three years after the taking of the last vote upon a by-law for such purpose."

The Manitoba delegates to Council will doubtless be in a position to discuss this interesting development in that province.

Approved.

In connection with this section of the report, the Chairman called upon Dr. G. S. Fahrni, of Winnipeg, to explain briefly the circumstances to which reference is made in the report. Dr. Fahrni stated that, in the town of Strathclair, Man., the Town Council decided to appoint a Municipal Physician and refused to consider as an applicant for the position the doctor who had been in the town seventeen and one-half years, and had \$12,000 invested in property there. In an effort to protect the doctor, the Manitoba Medical Association took the matter up and, after many weeks of controversy with the municipal council, they agreed to finance the purchase of one of the houses owned by the resident doctor, on the understanding that the Council would make arrangements to repay the price by monthly deductions from the municipal doctor's salary. The resident doctor then agreed to leave the district entirely to the municipal doctor. The Manitoba Medical Association then proceeded to have the Municipal Act amended so as to restrict the appointment of a municipal doctor in a municipality where there is already a resident physician; and to compensate the resident

physician for the property he holds in case circumstances warrant the appointment of a municipal doctor. In addition to this, the Manitoba Medical Association succeeded in having drafted an approved type of contract for use in the employment of municipal physicians.

THE NORTH SHORE PRESS

On February 2nd, the North Shore Press of British Columbia published an article under the caption of the Canadian Medical Association Health Service, being an appeal to the readers to have their spines adjusted regularly by a chiropractor. The matter having been brought to the attention of the General Secretary by the British Columbia Medical Association, was immediately put into the hands of the Committee on Public Health. The Committee instructed the Solicitor to take the necessary action which was done. We are glad to report that the North Shore Press promptly published an apology for what they said was a glaring mistake on their part, and the matter was closed, we hope, to the satisfaction of our British Columbia Branch.

Approved.

VENEREAL DISEASE GRANTS

One of our affiliated societies, The Canadian Social Hygiene Council, has advised your Executive Committee that the Dominion Government has decided to delete from the estimates the usual venereal disease grants to the provinces. The Canadian Social Hygiene Council recommends that our Association urge upon the government that these grants be continued. This matter is passed to Council for consideration.

In speaking to this section of the report, Dr. Gordon Bates stated that these grants were originally made in 1920 and were given on condition that the provinces receiving such grants would appropriate similar amounts. At the end of three years, the grants were reduced to \$150,000 a year, and, later, to \$100,000 a year. One hundred and two clinics have been established. Legislation has been passed in all the provinces and 3,115 persons brought under treatment. Dr. Bates also called attention to the fact that many persons are under the impression that, under the British North America Act, the entire responsibility as to health belongs to the Provincial Governments. This is not so stated in the Act. Dr. Bates expressed the hope that, when times are better, these grants may be replaced in the budget. It was pointed out that the withdrawal of these grants is likely to prove a very serious matter as far as the hospitals are concerned, as they will lose the share of this money which would naturally accrue to them.

It was finally moved, seconded and agreed—

"That we express to the Government our appreciation of what they have done in the past to assist in checking venereal disease in Canada, and our hope that, at an early date, they will find it possible to include in the budget grants which will make this work possible."

CANADIAN MEDICAL ASSOCIATION JURISDICTION

One of our members resident in a western Canadian City has complained that, in his opinion, two nationally organized health Associations are carrying on activities in his city in a manner which should not be condoned but should be criticized by organized medicine. It was pointed out to this member that matters of this character should be taken up with the local medical society and, in turn, if so requested by the local society, with the Provincial Medical Association; and, likewise, if requested, with the Canadian Medical Association. This is a problem which comes up not infrequently, and is deserving of the attention of Council.

In connection with this section of the report, the General Secretary pointed out that the point should be made clear by Council as to whether the Canadian Medical Association should take issue in a matter such as that referred to, or whether such matters should be dealt with by the local Medical Society; and, if necessary, be later referred to the Canadian Medical Association by the Provincial Association. Council agreed that, in all matters of complaint such as this, they should first be referred to the local medical society; then, if necessary, to the Provincial Medical Association; and, if they (the Provincial Association) think advisable, to the Canadian Medical Association; and that the Canadian Medical Association should not deal with such matters unless requested to do so by the Provincial Association concerned.

MISREPRESENTATION

During the past year, instances have arisen where imposters in the form of photographers, have mulcted members of the Association out of various sums of money. While the Association, of course, cannot be responsible for impostors who use our name, doctors everywhere are advised to demand credentials from any person who claims to be representing the Association. If these credentials are not available, immediately notify your local police and also the office of the Association.

Approved.

COLLECTION AGENCIES

With fair regularity and not infrequently, we receive complaints from members stating that they have handed a number of accounts to a collection agency, with very unsatisfactory results. While not wishing to discriminate yet we desire to state that in every instance, the collection agency complained of was of foreign origin; hence, our advice to the profession is to make a careful check-up of any collection agency they may be disposed to utilize.

Approved.

In presenting this section of the report, the General Secretary stressed the importance of members of the profession having nothing whatever to do with foreign collection agencies unless they are licensed to do business in Canada.

RADIO BROADCASTING

An inquiry was received from the Manitoba Medical Association as to what action, if any, the Canadian Medical Association was taking in reference to federal control of radio broadcasting. It was the opinion of your Executive Committee that action in this matter should be deferred until the broadcasting policy for Canada had been de-

cided. The radio offers quacks and fraudulent health advisers an unique medium to reach the public. This is passed to Council for such consideration as it may merit.

In considering this section of the report, the opinion was expressed by members of Council that, now that radio broadcasting is to be under Government Control, the committee in charge of health talks should "keep tab" on the kind of health talks being given over the radio. Dr. FitzGerald pointed out that, if a Commission is appointed by the Government to have charge of radio broadcasting, it would be advisable that this Association should make representations to that body. This matter was referred to the incoming Executive Committee with instructions that they make note of the policy adopted by the Government and take steps to approach the Commission (if and when appointed) in order to ascertain that such health talks as are broadcasted are of the highest order. This question was dealt with by the incoming Executive Committee at its first meeting and it was agreed that it should be referred to the Committee on Public Health and Medical Publicity.

ANNUAL MEETINGS OF PROVINCIAL ASSOCIATIONS

It is pleasing to report that most hearty cooperation exists between the Provincial Medical Associations and the parent Association. In July, a travelling team of speakers will attend the annual meetings of the Maritime Medical Associations meeting in sequence. In September, four speakers sent out by the Canadian Medical Association will attend annual meetings in the four Western Provinces and the District Meetings in Northern Ontario.

Approved.

OFFICE MAIL

Council may be interested to know that, during the past year, 56,657 letters and 212 parcels were sent out from the offices of the Association to the medical profession of Canada. This represents an average of 189 letters per day.

Approved.

CONCLUSION

In addition to the foregoing items, many other matters of perhaps lesser importance engaged the attention of your Executive Committee during the past year.

Canada, like the rest of the world, is going through an uneasy and trying period. The economic situation has presented a serious problem for many of our members. Particularly, is this true in the Prairie Provinces. During the past year, it was the privilege of the General Secretary to cross Canada twice, and parts of it four times. From coast to coast, one fact stood out, namely, the dauntless courage and deeply rooted optimism being manifested by the medical profession. The Canadian Medical Association has every right to be proud of its organization, and particularly do we at this time desire to pay tribute to those members everywhere, who are carrying on without a murmur of complaint, and yet, in many instances, against great odds. No one doubts that Canada will weather this storm and emerge into the days that follow triumphantly successful. The medical profession will go forward with the country; but, meanwhile, we must gird our loins and stand fast looking to better days. Your Association is endeavouring to give expression in a national way, to those ideals which really represent the profession of

medicine. We entertain no doubts regarding our ability to carry on.

In closing this report we desire to thank those members who have so loyally supported us during the past year in the many activities in which we have been engaged.

All of which is respectfully submitted.

T. C. ROUTLEY,
General Secretary.

Approved.

The complete report of the Executive Committee was then adopted.

REPORT OF THE DEPARTMENT OF HOSPITAL SERVICE

Mr. Chairman and Members of Council:—

The past year has been one of further increased activity for this Department. The hospitals of Canada, through their staff members, trustees and administrators, have utilized extensively the wealth of hospital information and data which has been collected and at least two major undertakings have been achieved.

CANADIAN HOSPITAL COUNCIL

The first of these is the formation of the Canadian Hospital Council which was organized in September, 1930. For some time previously, negotiations had been conducted with the various hospital organizations in Canada with the idea of bringing about a closer coordination between them and of conducting joint studies in which the knowledge and experience of each group would be available to the others. At a very enthusiastic meeting of delegates in Toronto under the temporary chairmanship of Dr. A. K. Haywood, the Council was organized, a Constitution drawn up, and a number of study committees formed. Ten of the eleven hospital organizations in Canada are now members, also the Department of Pensions and National Health, Ottawa, and the majority of the Provincial Departments of Health. The officers and chairmen are as follows:—

Honorary President—Rt. Hon. R. B. Bennett, K.C.
Honorary Vice-President—Hon. Col. Murray MacLaren, C.M.G.
President—Dr. F. W. Routley, Toronto.
First Vice-President—W. R. Chenoweth, Esq., Montreal.
Second Vice-President—Rev. Mother Audet, R.N., Campbellton, N.B.
Secretary-Treasurer—Dr. Harvey Agnew, Toronto.
Executive Committee—Dr. George F. Stephens, Winnipeg, Man.; L. D. Currie, B.A., LL.B., Glace Bay, N.S.

CHAIRMEN OF COMMITTEES

Constitution—Dr. A. L. C. Gilday, Montreal.
Construction and Equipment—J. H. Roy, Esquire, Montreal.
Legislation—L. D. Currie, LL.B., Glace Bay, N.S.
Administration and Statistics—Dr. G. S. Williams, Winnipeg, Man.
Finance—Dr. A. F. Anderson, Edmonton, Alta.
Public Relations—Rev. Dr. R. J. Williams, P.P. Boiestown, N.B.
Medical Relations—Dr. John Ferguson, Toronto.
Research—Dr. R. T. Washburn, Edmonton, Alta.
Nursing—Miss A. J. MacMaster, R.N., Moncton, N.B.

Small Hospitals—Rev. H. G. Wright, Inverness, N.S.

While this body is quite independent of our Hospital Department, the library and other facilities are fully available to the Hospital Council and the present close relationship should prove of the utmost value to our hospitals and our hospital patients.

APPROVAL OF HOSPITALS FOR INTERNSHIP

The other objective, which has been effected and which has required considerable preliminary study and

care, has been the preparation of a list of hospitals in Canada which are approved or recommended for internship. The Basis of Approval was adopted only after repeated study by the Hospital Committee, the various medical schools and our Executive Committee. This Basis of Approval and the list of approved hospitals has been reciprocally recognized by the Council on Medical Education and Hospitals of the American Medical Association; also the National Council of Medical Examiners has agreed to give credit for internship to Canadian or American graduates who will have interned in these approved hospitals. In our first list twenty-six hospitals were "approved" and twelve "recommended" and, it is anticipated that this list will be augmented considerably in the next annual revision.

OTHER ACTIVITIES

As many hospitals as time would permit have been visited in various parts of Canada, particularly in the Maritimes and in the West. A number of surveys of various types have been made and many professional, trustees', nurses' and public meetings addressed. The Secretary has attended and participated in all but one or two of the hospital conventions held in Canada during the past year. Articles on hospital topics have been contributed, not only to our own *Journal* and other Canadian publications but to some half dozen periodicals published in the United States, Great Britain or Germany.

Bulletins and Studies. Each year a number of bulletins on various phases of hospital activities are prepared or revised and made available to the hospitals. Studies of various kinds have been made by questionnaire and otherwise on request and much valuable information thus compiled and made available.

Various study committees have been assisted, particularly the Joint Study Committee preparing the Survey of Nursing Education and the Inter-Relations Committee of the Ontario Medical Association which this year is concentrating on hospital problems.

The Blackader Library. The reference library has been augmented during the year by a number of new works relating to hospitals. The late Dr. A. D. Blackader took a deep interest in the building up of this library from its inception and his sympathetic counsel will be sorely missed. The current hospital and nursing literature is being collected and is being carefully cross-indexed by our librarian.

The International Hospital Association. Our Department has been of the opinion that the recently formed International Hospital Association, despite many initial difficulties, should be of real value in furthering hospital development. Many very valuable international studies in some of which we are participating are now under way and the international quarterly hospital review, *Nosokomeion*, has published a number of valuable and elucidating articles. Without doubt the hospital groups in the new and the old worlds can learn much from each other. Dr. F. W. Routley and Dr. Harvey Agnew represent Canada on the administrative council of the International Hospital Association and the undersigned is also a member of the editorial board of *Nosokomeion*. The Department of Hospital Service has made a contribution of \$200.00 towards the operation of the Association.

American Hospital Association 1931 Convention. This association, which is quite international in membership and scope, brought to Toronto, last September, the biggest hospital convention ever held in Canada. The many sessions and the mammoth commercial and scientific exhibit gave the many Canadian delegates representing all parts of Canada a real stimulus. In the extensive preliminary preparations this department was assigned considerable responsibility by the local and general committees, and it is gratifying to note that many Canadians were honoured with important assignments on the program. Especially do we wish to congratulate Dr. George F. Stephens, of Winnipeg, whose years of faithful service were rewarded by his selection as President-Elect.

Legislation. On behalf of the hospitals, our Department has made representation to Ottawa on various occasions with respect to exemption from Sales Tax and Customs Tariff concessions. A number of very favourable

rulings and concessions have been obtained and for these the hospitals are very grateful to the government. Several of the provincial associations have been assisted also in their legislative difficulties.

Internship in U. S. A. At some American Consulates in Canada, Canadian students are being refused visas to permit them to accept internships in American hospitals. As the basis of refusal does not seem logical, our Department is endeavouring to have this difficulty adjusted and in these efforts has received the very valuable assistance of the American Hospital Association and the American Medical Association.

Placement Service. As the Service becomes better known we are having an increasing opportunity of locating interns, radiologists, supervisors, technicians and other personnel in suitable positions.

The Secretary of this Department wishes to express his appreciation of the generous assistance which has been received from the Hospital Committee, from the lay and other members of the Advisory Committee, and from the Committee on Approval for Internship. Our office staff which can very seldom "catch up" with the tasks in hand have been most loyal in their devotion to the work.

To the Sun Life Assurance Company of Canada, without whose support this most valuable assistance to our hospitals could not be carried on, we are indeed most grateful. Moreover, it has been affirmed so frequently by hospitals and by hospital associations that we feel warranted in stating that this gratitude is shared by the hundreds of hospitals which have utilized this Service or profited by its intercessions.

All of which is respectfully submitted.

G. HARVEY AGNEW,

Secretary.

Approved.

The following matters, arising out of this report and the discussion thereon, were referred to the incoming Executive Committee for action:—

1. The recommendation that a message of greeting be sent to the newly established Hospital Council.

The Executive Committee at its first meeting, instructed the General Secretary to forward a suitable message to the Hospital Council, on behalf of the Canadian Medical Association.

2. The recommendation that a resolution of gratitude be sent to the Sun Life Assurance Company for their generosity in making possible the work of the Department of Hospital Service.

In dealing with this recommendation, the following resolution was approved by the Executive Committee:—

"That an expression of appreciation be sent to the Sun Life Assurance Company for their generous grants towards the Department of Hospital Service and the Department of Post Graduate Medical Education."

3. The difficulty which is being experienced by recent graduates in getting across to the United States to take internships. In this same connection, attention was called to the fact that a Canadian doctor going over to the United States to see a case in consultation was charged duty on his car and was unable to obtain a refund of this duty upon his return to Canada.

The question of the exorbitant duty being charged on medical books and reprints from the United States, and also on surgical equipment such as the Hanovia Lamp, was also discussed at length. The Executive Committee appointed a Committee composed of Dr. J. C. Meakins, of Montreal, and Dr. E. S. Ryerson, of Toronto, to take these matters up with the proper officials at Ottawa, with a view to obtaining satisfactory solutions.

REPORT OF THE COMMITTEE ON PUBLIC HEALTH AND MEDICAL PUBLICITY

Mr. Chairman and Members of Council:—

The Health Service Department has continued the excellent work for which it has been responsible for several years past. The major activity is to supply two series of weekly articles, one to the daily newspapers for release on Saturday, the other to the weekly newspapers for release on Wednesday. These Health Service Articles are now published in 333 newspapers, of which number twenty-three are printed in the French language. The Health Service furnishes the articles in both French and English. MacLean's Magazine has also published several articles especially prepared for insertion therein.

During the year, we have received requests from the editors of a number of newspapers to supply special articles. Some of these editors are also referring their "health" correspondence to the Health Service for attention, instead of dealing with it themselves.

The volume of correspondence growing out of the Health Service Articles continues to increase. Last year 1,892 letters were received and answered. Each letter is dealt with individually and not by employing a form letter. Correspondence is carried on in both languages. It is to be noted that some persons have found the advice received to be of real value and have written later for further health counsel.

As the purpose of the Health Service comes to be better and more widely understood greater use is made of it. So far there has been only one complaint arising out of this correspondence. A correspondent felt that his intelligence had been insulted when proper sympathy with his parental affections was not extended. The suggestion that his attitude towards his young daughter was likely to react unfavourably upon her in later life was the genesis of his complaint.

The continuation of the Health Service this year has been made possible by the further generous support of the work by the Health Committee of the Canadian Life Insurance Officers' Association. The Council of the Canadian Medical Association will doubtless wish to express, in the form of a suitable resolution, its appreciation of this support.

It was found impossible to continue radio broadcasts this year, owing to a change in the arrangements of the Radio Department of the Canadian National Railways. It is hoped that it will be possible to resume this service next year.

In order that a closer contact may be maintained between the Health Service of the Canadian Medical Association and the Health Committee of the Canadian Life Insurance Officers' Association it has been arranged that two representatives of the latter organization shall act on behalf of that organization to assist in some further developments and improvements in the Health Service.

Your Committee desires again to direct attention to the splendid service rendered during the year by the Associate Secretary in charge of the Health Service, Dr. Grant Fleming, and his assistant, Miss M. McCrory.

All of which is respectfully submitted.

J. G. FITZGERALD,

Approved.

Chairman.

In connection with this report, Council was advised that the Canadian Life Insurance Officers Association has been pleased to continue the grant of \$6,000 for the work of this Department for another year.

The Chairman of the Committee stated that the Insurance Companies were anxious that, in the set-up of the health articles and also on the letterhead used by the Department, some form

of acknowledgment should be made of the cooperation of the Insurance Companies. It was agreed that this should be referred to the Executive Committee. The Executive Committee felt that the request of the Canadian Life Insurance Officers Association was a very reasonable one and the suggested set-up for the articles and form of letterhead were approved.

REPORT OF THE HONORARY-TREASURER

Mr. Chairman and Members of Council:—

I have the honour to present the Treasurer's report for the year 1931, to which is appended the statement of the Association's auditors, Messrs. Clarkson, McDonald, Currie & Co.

For the first time since 1921, the Treasurer has to report to Council a deficit amounting to \$850.78. This would have been larger, however, if various economies had not been effected, mainly in the cost of the *Journal*, which have kept the deficit down to this small figure. This has been done without any appreciable impairment with the usefulness of the *Journal*.

The main reasons for the deficit are as follows:—Firstly, a falling off in receipts from membership fees in the Association. This is more apparent than real, however, for the Winnipeg meeting resulted in a large number of temporary accessions of membership. Secondly, a decrease in the *Journal's* advertising receipts; and, thirdly, the small profit from the Vancouver meeting.

As will be seen from Statement No. 2 of the audited financial statements, the advertising revenue totalled \$27,154.26, a decrease of \$5,263.45. Membership fees and subscriptions were \$30,215.40, being a reduction of \$2,411.40. Excess revenue from the annual meeting was \$111.48, as compared with \$17,378.91 in 1930.

Investments. From the current account, the sum of \$6,897.10 was invested in September, 1931, in Canadian National Railway Bonds, 1951, 4½%, at a cost of \$98.50. This was approximately the cash balance brought forward on January 1st. Our surplus account, represented mainly by investments, showed on January 1st, 1932, the creditable total of \$62,524.71.

You will notice that the investments of the Association show a considerable decrease in market value from their book value. This depreciation is common to all investments, even those as high class as the Association's investments have to be.

For the purpose of clarity, the Auditor has made a rearrangement of the statement showing the General Fund, Trust Funds, and the Special Grants, of the Association separately. The position of the Association in these respects is shown in this statement and no further reference is required to them except in the following particular.

The expenses of the inaugural Blackader Lecture in Vancouver were \$320.00. There was an accrued income of only \$105.00 in the Fund. The difference was made up by an anonymous donation of \$250.00, the balance not required being credited to the capital of the Fund. Subscriptions added during the year amounted to \$176.99, which made the total capital of the Fund on December 31st, 1931, \$4,454.14. The sum of \$200.00 was invested in Dominion of Canada Bonds, 1957, 4½%, at a cost of \$102.00.

All of which is respectfully submitted.

F. S. PATCH,
Honorary-Treasurer.

Approved.

AUDITOR'S REPORT

DR. FRANK S. PATCH,
Honorary-Treasurer,
Canadian Medical Association,
3640 University St., Montreal.

Dear Sir:—

We beg to report that we have completed an audit of the books and accounts of the Association for the year ended 31st December, 1931, and we attach the following:—

Statement No. 1.—Balance Sheet as at 31st December, 1931.

Statement No. 2.—Statement of Revenue and Expenditure for the year ended 31st December, 1931.

Schedule No. 1.—Schedule of Investments as at 31st December, 1931.

Schedule No. 2.—Schedule of Trusts and Trust Funds as at 31st December, 1931.

Schedule No. 3.—Schedule of Special Grants and Special Grant Funds as at 31st December, 1931.

The receipts and disbursements of the General Secretary in Toronto as shown on a statement, certified to by Mr. Dignam as Auditor, have been incorporated in the books. In previous years all the office and travelling expenses of the General Secretary have been shown as one item in the Statement of Revenue and Expenditure. In this year's statement these expenses have been charged to the various accounts concerned.

We verified the cash on hand and received confirmation of the securities which are held in safekeeping for Investment Account and for Trusts.

We found the books and accounts in very good order and were given every assistance in the conduct of our audit.

Subject to the above remarks, we certify that, in our opinion, the attached Balance Sheet is properly drawn up so as to exhibit a true and correct view of the Association's affairs as at 31st December, 1931, according to the best of our information and the explanations given to us and as shown by the books.

Yours faithfully,

(Signed) CLARKSON, McDONALD, CURRIE & Co.,
Chartered Accountants.

Approved.

STATEMENT No. 1

BALANCE SHEET AS AT 31st DECEMBER, 1931

ASSETS		LIABILITIES	
Cash on Hand.....	\$ 25.00	Accounts Payable and Advertising Prepaid	\$ 2,409.53
" in Bank.....	4,858.76	Prepaid Membership Fees 1932	\$14,798.00
	\$ 4,883.76	Prepaid Subscriptions 1932...	314.70
ACCOUNTS RECEIVABLE:			\$15,112.70
Advertising.....	\$ 1,134.31	Trusts as per Schedule No. 2.....	29,899.55
Reprints.....	393.19	Special Grants as per Schedule No. 3.....	11,781.60
Sundries:		SURPLUS ACCOUNT:	
Trust Funds. \$ 1,322.24		Balance at Credit, 1st Jan-	
Toronto Office:		uary, 1931.....	\$62,375.49
Sundry.... 11,606.67		Add—Transferred from	
Annual		Special Reserve for In-	
Meeting... 1,015.95		vestments.....	1,000.00
	\$13,944.86		\$63,375.49
INVESTMENTS:	\$15,472.36	Deduct—Excess Expendi-	
At Book Value, Schedule		ture for year as per State-	
No. 1.....	\$57,592.97	ment No. 2.....	850.78
Accrued Interest on Invest-			\$62,524.71
ments.....	809.67		
	\$58,402.64		
Motor Emblems on Hand (at cost).....	262.50		
Furniture and Fixtures—less depreciation..	949.03		
Trust Funds as per Schedule No. 2.....	29,899.55		
Special Grant Funds as per Schedule No. 3.	11,781.60		
Deferred Expenditure—Journal Index.....	76.65		
	\$121,728.09		\$121,728.09

STATEMENT No. 2

STATEMENT OF REVENUE AND EXPENDITURE FOR YEAR ENDED 31st DECEMBER, 1931

REVENUE		EXPENDITURE	
Membership Fees.....	\$30,215.40	JOURNAL EXPENSES:	
Subscription	3,180.90	Printing.....	\$27,602.41
Advertising.....	27,154.26	Illustrations.....	1,470.70
Sundry Sales of Journal.....	262.10	Agent's Commission.....	3,406.98
Excess Revenue from Annual Meeting.....	111.48	Complimentary Reprints....	281.86
Revenue from Investments and Bank Interest	2,764.37	Grant to Editorial Board....	9,809.48
Sale of Motor Emblems.....	106.50		\$42,571.43
Periodic Physical Examination Forms.....	4.25	ADMINISTRATION AND FINANCIAL EXPENSES:	
Excess Expenditure for year carried to Sur-		General Expenses.....	\$ 649.82
plus Account as per Balance Sheet.....	850.78	Travelling Expenses.....	2,741.08
		Office Expenses General Sec-	
		retary.....	767.36
		Postage.....	845.22
		Salaries—General Secretary..	9,000.00
		Other.....	6,064.00
		Stationery and Printing.....	283.29
		Telephone and Telegrams...	130.80
		Discount and Exchange.....	737.59
		Bad Debts.....	4.00
		Manitoba Medical Association	750.00
		Depreciation of Furniture	
		and Fixtures, 10 per cent..	105.45
			\$22,078.61
	\$64,650.04		\$64,650.04

SCHEDULE No. 1

SCHEDULE OF INVESTMENTS AS AT 31st DECEMBER, 1931

GENERAL FUND

	Par Value	Book Value	Approximate Market Value
Canadian National Railways 4½/51.....	\$7,000.00	\$6,897.10	\$6,160.00
Canadian National Railways 4½/54.....	3,000.00	2,896.50	2,640.00
City of Montreal 4½/46.....	1,000.00	975.00	890.00
City of Montreal 4½/49 (Town of St. Louis).....	£ 500	2,300.25	2,092.64
City of Toronto 4½/42.....	\$2,000.00	1,935.00	1,780.00
City of Winnipeg 4½/50.....	4,000.00	3,871.20	3,280.00
Dominion of Canada 5/43.....	5,100.00	5,010.75	4,896.00
Dominion of Canada 4½/46.....	2,000.00	1,940.00	1,800.00
Grand Trunk Railway 4% Guaranteed Stock.....	£1 000	4,162.47	3,260.66
Island of Montreal Metropolitan Commission 5/49.....	\$2,000.00	2,006.00	1,820.00
Montreal Light, Heat and Power Cons. 5/51.....	5,000.00	5,089.00	4,850.00
Montreal Tramways 5/41.....	5,000.00	4,964.00	4,600.00
Montreal Tramways 5/55.....	2,000.00	1,940.60	1,600.00
Province of Ontario 4½/39.....	1,000.00	986.30	940.00
Province of Ontario 5/48.....	2,000.00	2,035.00	1,900.00
Province of British Columbia 4/57.....	5,000.00	4,775.00	3,650.00
Province of New Brunswick 4¾/36.....	1,000.00	1,003.80	960.00
Province of Saskatchewan 4½/45.....	1,000.00	970.00	840.00
Province of Saskatchewan 4½/60.....	3,000.00	2,835.00	2,340.00
Ritz Carlton Hotel Company First Mortgage 5/42.....	1,000.00	1,000.00	600.00
		\$57,592.97	\$50,899.30

TRUST FUNDS

LISTER CLUB FUND:

City of Winnipeg 5/43.....	\$4,000.00	\$4,021.20	\$3,520.00
Dominion of Canada 4½/40.....	1,000.00	98.55	900.00
		\$5,006.75	\$4,420.00

OSLER MEMORIAL FUND:

City of Montreal 4½/49 (Town of St. Louis).....	£ 100	\$ 460.05	\$ 418.52
Dominion of Canada 4½/57.....	\$ 900.00	918.00	783.00
Dominion of Canada 5½/34.....	50.00	50.42	50.00
Montreal Tramways 5/55.....	1,000.00	1,002.50	800.00
Pacific Great Eastern Railway 4½/42.....	1,500.00	1,492.95	1,245.00
Montreal Tramways 4½/55.....	1,500.00	1,342.65	1,050.00
		\$5,266.57	\$4,346.52

OSLER SCHOLARSHIP FUND:

Canadian National Railways 4½/51.....	\$ 1,000.00	\$ 985.30	\$ 880.00
City of Quebec R.C. Schools 5/55.....	10,000.00	10,003.00	9,000.00
Montreal Protestant Schools 5/52.....	2,000.00	1,995.60	1,800.00
		\$12,983.90	\$11,680.00

BLACKADER LECTURE FUND:

Dominion of Canada 4½/46.....	\$ 200.00	\$ 195.00	\$ 180.00
Dominion of Canada 4½/57.....	200.00	204.00	174.00
Province of Alberta 4½/56.....	1,000.00	1,000.30	780.00
Three Rivers R.C. Schools 5½/44.....	3,000.00	3,030.00	2,760.00
		\$4,429.30	\$3,894.00

BLACKADER LIBRARY OF THE HOSPITAL SERVICE DEPARTMENT:

Canadian Northern Ontario Railway 3½% Debenture 1961...	£63	\$238.20	\$20 14
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SCHEDULE No. 2

SCHEDULE OF TRUSTS AND TRUST FUNDS AS AT 31st DECEMBER, 1931

		<u>Trust Funds</u>	<u>Trust</u>
LISTER CLUB FUND:			
Capital.....	\$5,030.41		
Accumulated Revenue.....	683.43		
			\$5,713.84
Represented by—			
Investments as per Schedule No. 1.....	\$5,006.75		
Cash in Bank (less Account Payable).....	707.09		
		\$5,713.84	
OSLER MEMORIAL FUND:			
Capital, 1st January, 1931.....	\$4,965.00		
Subscriptions received during year.....	292.82		
Refund of Organization Expenses.....	15.05		
Capital, 31st December, 1931.....	\$5,272.87		
Accumulated Revenue.....	663.58		
			\$5,936.45
Represented by—			
Investments as per Schedule No. 1.....	\$5,266.57		
Cash in Bank (less Account Payable).....	669.88		
		\$5,936.45	
OSLER SCHOLARSHIP FUND:			
Capital.....	\$12,087.30		
Accumulated Revenue.....	1,256.05		
			\$13,343.35
Represented by—			
Investments as per Schedule No. 1.....	\$12,983.90		
Cash in Bank (less Account Payable).....	359.45		
		\$13,343.35	
BLACKADER LECTURE FUND:			
Capital, 1st January, 1931.....	\$4,277.15		
Subscriptions received during year.....	176.99		
	\$4,454.14		
Accumulated Revenue.....	113.37		
			\$4,567.51
Represented by—			
Investments as per Schedule No. 1.....	\$4,429.30		
Cash in Bank (less Account Payable).....	138.21		
		\$4,567.51	
BLACKADER LIBRARY OF THE HOSPITAL SERVICE DEPARTMENT:			
Balance, 1st January, 1931.....	\$292.79		
Donations received during year.....	100.00		
Revenue received during year.....	14.08		
	\$406.87		
Less Expenditure—Books, Binding, Shelving, etc.....	68.47		
			\$338.40
Represented by—			
Investments as per Schedule No. 1.....	\$238.20		
Cash in Bank (less Accounts Payable).....	100.20		
		\$338.40	
		<u>\$29,899.55</u>	<u>\$29,899.55</u>

SCHEDULE No. 3

SCHEDULE OF SPECIAL GRANTS AND SPECIAL GRANT FUNDS AS AT 31st DECEMBER, 1931

		<i>Special Grant Funds</i>	<i>Special Grants</i>
POST GRADUATE DEPARTMENT:			
Balance at Credit, 1st January, 1931.....	\$ 6,565.72		
Grant from Sun Life Assurance Co.....	30,000.00		
Bank Interest.....	349.33		
	<u>\$36,915.05</u>		
Deduct—Speakers' Expenses.....	\$27,322.24		
Administration Expenses.....	3,480.00		
General Expenses, Postage, Telephone, etc.....	711.86		
Depreciation of Equipment, 10%.....	98.23		
	<u>\$31,612.33</u>		
Balance at Credit, 31st December, 1931.....			\$5,302.72
Represented by—			
Cash in Bank.....	\$4,418.60		
Equipment—Less Depreciation.....	884.12		
	<u>\$5,302.72</u>		
(Expenditure, \$31,612.33; Revenue, \$30,349.33; Excess Expenditure for year, \$1,263.00.)			
DEPARTMENT OF HOSPITAL SERVICE:			
Balance at Credit, 1st January, 1931.....	\$ 2,328.20		
Grant from Sun Life Assurance Co.....	15,000.00		
Bank Interest.....	66.86		
	<u>\$17,395.06</u>		
Deduct—Salaries.....	\$10,126.25		
Travelling Expenses.....	1,323.78		
Printing, Stationery and Literature...	719.68		
Office Supplies.....	121.16		
Postage.....	110.15		
Grant to International Hospital Asso- ciation.....	200.00		
General Expenses.....	522.44		
Depreciation of Equipment, 10%.....	75.58		
	<u>\$13,199.04</u>		
Balance at Credit, 31st December, 1931.....			\$4,196.02
Represented by—			
Cash in Bank.....	\$4,268.00		
Less Account Payable.....	752.20		
	<u>\$3,515.80</u>		
Furniture and Equipment—Less Depreciation.....	680.22		
	<u>\$4,196.02</u>		
(Revenue, \$15,066.86; Expenditure, \$13,199.04; Excess Revenue for year, \$1,867.82.)			
DEPARTMENT OF PUBLICITY AND HEALTH EDUCATION:			
Balance at Credit, 1st January, 1931.....	\$1,740.76		
Canadian Life Insurance Officers' Association.....	6,000.00		
Bank Interest.....	15.03		
	<u>\$7,755.79</u>		
Deduct—Salaries.....	\$4,942.00		
Travelling Expenses.....	581.75		
Postage.....	492.87		
Office Supplies and General Expenses.	224.43		
Literature.....	98.06		
Depreciation of Furniture and Equip- ment, 10%.....	25.18		
	<u>\$6,364.29</u>		
Balance at Credit, 31st December, 1931.....			\$1,391.50

Represented by—

Cash in Bank	\$1,666.95	
Less Account Payable	502.07	
		\$1,164.88
Equipment—Less Depreciation		226.62
		<u>\$1,391.50</u>
(Expenditure, \$6,364.29; Revenue, \$6,015.03; Excess Expenditure for year, \$349.26.)		

DEPARTMENT OF PERIODIC HEALTH EXAMINATIONS:

Fees received from sundry insurance companies for examination	\$3,672.00	
Less Deficit, 1st January, 1931	1,460.49	
		\$2,211.51
Deduct—Examination Fees	\$1,220.00	
General Expenses	100.15	
		<u>\$1,320.15</u>
Balance at Credit, 31st December, 1931		891.36
Represented by Cash in Bank		891.36
		<u>\$11,781.60</u>
		<u>\$11,781.60</u>

Approved.

REPORT OF THE EDITOR

Mr. Chairman and Members of Council:—

The Editorial Board is pleased to be able to report another year of satisfactory achievement. Abundance of material, of increasingly good quality, continues to be offered for publication, and the indications are that the supply will not fall off. More papers than usual have been received this year from the United States, chiefly from Canadians resident or working there, and, it may be noted, one from far-off Korea. During the first two or three months of the year the issues of the *Journal* were rather large, owing to the fact that a number of papers read at the Winnipeg meeting remained over from 1930 for publication. Some of the articles published were of outstanding importance. From January 1st to December 31st, 1931, the papers received numbered 296, of which 49 were returned to their authors for various reasons. Despite the relatively large number of rejections some contributions have had to be held for about a year before they could appear. However, we have adhered to our policy of granting priority to articles which embody some new discovery or important advance. A gratifying feature is the wider appeal which the *Journal* seems to be making as a medium of publicity. As before, the greater number of papers emanate from the large medical centres, Montreal and Toronto, but, in addition, many are now being received from the smaller cities and towns, unconnected with medical schools, and even from villages in remote parts of Canada. This would seem to indicate increased interest in medical work and confidence in our *Journal*.

It has been our endeavour to keep the *Journal* abreast of the times, and most of the important advances in medical science and in the social and economic aspects of Medicine have been noticed in some way. In view of their pressing importance in our country more attention than usual has been given to so-called "State medicine", health insurance, hospital service, and the cost of medical care. Among other topics discussed editorially were the bacteriophage, Rocky Mountain fever, post-vaccinal encephalitis, the relationship of pneumonokoniosis to tuberculosis, angina pectoris, maternal mortality, puerperal fever, BCG, thallium and its dangers, the Health Organization of the League of Nations, periodic health examinations, the use and abuse of narcotic drugs, and the Medical Survey of Canada.

The following important research papers, 18 in number, were published during the year:—"Pathology of the Thyroid Gland of the Human Fetus and new-born Infant," A. C. Abbott and R. P. Ball; "The Anterior Pituitary-like Hormone of the human Placenta," J. B. Collip, D. L. Thomson, M. K. McPhail, and J. E. William-

son; ditto, A. D. Campbell and J. B. Collip; "Irradiated Cholesterol and its Relationship to Parathyroid Function," N. B. Taylor, C. B. Weld, H. D. Brannon, and H. D. Kay; "The Phosphatase of Fetal Bone," E. J. King and G. E. Hall; "The Lymphatic System of the Thyroid Gland," S. D. Gordon; "The Effects of Hypertonic Saline in the Toxæmias of later Pregnancy," V. J. Harding and H. B. Van Wyck; "The Flora of the Lymphatic Glands in Skin Diseases of unknown Origin," G. V. Bedford; "The Diagnosis of Pregnancy with the Ascheim-Zondek Test," G. H. Ettinger, G. L. M. Smith and E. W. McHenry; "Sugar Tolerance Curves in acute Intoxication of Infants," T. G. H. Drake and C. E. Snelling; "Essential Hæmaturia in Relation to Pyelitis of the Calyx-Papilla Angle," J. Miller and D. H. Young; "The Effects of Amytal and Avertin," W. Bourne, M. Bruger and N. B. Dreyer; "Factors regulating the Composition of the Gastric Juice," B. P. Babkin; "The Importance of Anomalies of the Superior Vena Cava in Man," J. Beattie; "The Enzymes of the Stools in Intestinal Intoxication," F. G. Banting, S. Gairns, J. M. Lang and J. R. Ross; "The Melanomata of Grey and White Horses," S. Hadwen; "Focal Infections," G. C. Cameron, C. A. Rae and G. N. Murphy; "Hypervitaminosis," E. J. King and G. E. Hall.

Among the special articles may be mentioned "The Doctor as the Lawyer Sees Him," by Mr. A. E. Powell, of Cleveland, Ohio; "Certain Contacts of Medicine and the Law," Chief Justice Morrison of British Columbia; "Yoghourt and Kefir," J. M. Rosell; "The Anatomy of the Eye," W. d'A. Maycock.

The series of special articles on Physiotherapy and Pharmacology have been continued; the series on Periodic Health Examinations has been concluded.

Clinical Conferences were contributed by Drs. R. R. Graham, W. T. Connell, W. Boyd, C. Hunter, J. C. McMillan, A. T. Cameron, R. Mitchell, and A. H. Gordon. They have been discontinued for the time being, mainly owing to the press of other material.

New instruments and appliances have been described by Drs. J. H. Duncan, B. Thompson, Nelles Silverthorne and Alan Brown.

Forty-seven case reports were published. Many of these were of great interest and some dealt with conditions of great rarity. Among them may be mentioned the first case reported in Canada of Balantidium dysentery, placenta increta, hemigigantism, lipæmia retinalis, avulsion of the lesser trochanter of the femur, a probe in the cranial cavity, Kienboch's disease, and teratoma of the thymus gland.

The scope of the abstracts was extended, to take in pathology and experimental medicine, physiology, biochemistry, allergy, and general topics as appearing in the

French, German, Italian, and Spanish literature. The abstracts numbered 318.

The number of books sent in for review has increased markedly, and of these 157 were dealt with fully, among them the following works by Canadian authors: "The Pathology of Internal Diseases," by W. Boyd; "Manual for Diabetics," by Gladys L. Boyd; "Studies from the Connaught Laboratories"; and "History of Medicine in the Province of Quebec," by Maude E. Abbott.

The Department of "Men and Books" has been surprisingly well supported. Biographies of Louis Hebert, William Dunlop, Sir John Richardson, and Lady Osler have appeared and we have been running a series of important articles by Dr. A. S. Monro on the Medical History of British Columbia. In time to come it is intended to do a similar service for other provinces. Thus a wealth of material about medical matters in Canada in the early days will have been collected in accessible form, which should form a valuable source of information and inspiration for future historians.

"Letters, Notes and Queries" apparently has "caught on". A number of items for this column have been sent in and have proved of interest and practical value. This Department can be made still more helpful.

The advertisements appearing in the *Journal* have been under consideration by a sub-committee of the Editorial Board. It was found to be an impossible task to formulate rules for their acceptance that would be of universal application; in effect, each case has to be decided on its merits or demerits. Some few principles are, however, obvious. We should refuse advertisements that contain untrue, exaggerated, or unwarranted statements, or that are couched in unethical terms. Secret remedies should also be debarred. Subject to the above-mentioned limitations, the Editorial Board does not think that it or the Association as a whole should be held as guaranteeing the claims of manufacturers in the absence of proper means for checking them. At the same time we acknowledge a certain responsibility to our readers to protect them as far as we can from fraud. As a matter of fact, medical men, with their scientific training, ought to be able to form correct judgments.

No marked changes have been made in the format of the *Journal*. The Table of Contents has been abbreviated by the omission of the titles of articles dealt with in the "Abstracts", thus releasing financially valuable space.

We have continued to receive letters from our correspondents in England, Scotland, Ireland, Australia and New Zealand.

Work on the twenty-year index is progressing satisfactorily. Fifteen years have now been covered.

Reference should be made to the death of one of our most esteemed and efficient corresponding editors, Dr. W. H. Hattie, which occurred on December 4th, last. Dr. Hattie had a wide range of information and wrote well. His interest in the *Journal* was keen and he was always dependable. He is greatly missed by our Board.

While not properly a matter belonging to the year under review it will not be unfitting to refer also to the loss of our Editor-emeritus, Dr. Blackader, whose death occurred on March 14th, 1932. This event has been appropriately dealt with in the May issue of the *Journal*, and we need not do more here than record our sense of the great loss which the *Journal* and the Association has suffered. Suitable resolutions of condolence were adopted by the Editorial Board, which have been sent to Mrs. Blackader and Mrs. Hattie.

The Chairmen of the Provincial Editorial Committees for the year were:—Alberta, G. E. Learmonth; British Columbia, C. H. Bastin; Manitoba, J. M. McEachern; New Brunswick, A. S. Kirkland; Nova Scotia, W. H. Hattie; Ontario, J. H. Elliott; Prince Edward Island, J. A. McPhee; Saskatchewan, Lillian A. Chase.

We are pleased to be able to record that the meetings of the St. John's Medical Society, Newfoundland, have been reported in the *Journal*.

In conclusion, our thanks are due to Dr. H. E. MacDermot, the Assistant Editor for his cordial and efficient cooperation; to the various Provincial Committees, particularly to their Chairmen, whose zeal has

done much to enhance the interest of the *Journal*; to the corresponding members of the Editorial Board for helpful advice; to those gentlemen who contributed so willingly to the "Clinical Conferences"; to Drs. Harvey Agnew, A. T. Bazin, Grant Fleming, R. H. M. Hardisty, V. E. Henderson, A. B. Macallum, A. S. M. MacGregor (M. O. H. for Glasgow); C. F. Martin, Ross Mitchell, F. S. Patch, R. D. Rudolf, R. L. Stehle, T. H. Whitelaw, and Prof. E. G. D. Murray for their kind help in many ways; and to the Murray Printing Company for their cordial and efficient cooperation.

All of which is respectfully submitted.

A. G. NICHOLLS,
Editor.

Approved.

REPORT OF THE MANAGING EDITOR

Mr. Chairman and Members of Council:—

I have the honour to submit the report of the Managing Editor of the *Journal* for the year ending December 31st, 1931.

I regret to report that there has been a lessened demand for advertising space in the *Journal*, shown in a reduction in the amount of space used, in the number of insertions, and in a difficulty in obtaining new contracts. The causative factors were: general business conditions, the amalgamation of business houses, and the increased tariff on imports.

The gross receipts from advertising were lower in 1931 by \$5,263.45, as compared with the previous year. A saving in advertising commissions and in the cost of printing the advertising pages in the *Journal*, has resulted in the net loss being reduced to \$3,528.72.

It was felt by the Executive Committee and the Editorial Board that it would be unwise, and indeed unnecessary, to interfere with the activities of the *Journal* in any way that would impair its effectiveness. None the less, certain economies have been possible without any interference with this most important agency of the Association.

The *Journal* was larger in 1930 owing to the important transactions emanating from the combined meetings of the British and Canadian Medical Associations, in Winnipeg, and averaged 146 pages per issue. A reduction was made in 1931 to an average of 138 pages per issue. This has resulted in a considerable saving being effected.

The policy of giving free reprints to authors has been discontinued. It was felt by the Editors that the *Journal* had reached that point, when it could well follow the practice of other journals in this respect.

A comparative table of the *Journal* contents for the past three years is as follows:—

	1929	1930	1931
Original Articles, Case Reports, Retrospects, Men and Books and Clinical and Laboratory Notes.....	229	290	267
Number of Pages—Text.....	1,455	1,812	1,614
“ “ “ Advertise....	802	839	715
“ “ Illustrations.....	301	381	363
“ “ Journals Issued.....	54,925	55,775	55,565

The *Journal* is an integral part of the Association and its financial activities are shown in the Treasurer's statement. It is not quite easy to separate its activities from those of the Association in general. I have, however, endeavoured to estimate roughly the cost of the *Journal* to each member of the Association. On the basis of a membership of 3,000 this cost is approximately \$5.00 per member.

All of which is respectfully submitted

F. S. PATCH,
Managing Editor

Approved.

REPORT OF THE COMMITTEE ON ECONOMICS

Mr. Chairman and Members of Council:—

During the past year the economic situation with regard to the medical profession has been very seriously threatened by this grave financial depression, from which Canada is suffering. Every city and even rural area is so crowded with people unable to provide for themselves the necessities of life much less to pay for medical care, that the problem of living is becoming a very serious one for the average medical man. Add to this the damage done to invested capital and it will be seen that even the older and more established medical men are suffering very gravely. In the face of all this, other economic problems have assumed a relative unimportance and it is more than probable that in the next year or so there will be grave hardships for many medical men.

In view of the fact that Governments, Federal, Provincial or Municipal, are providing for all the wants of indigents, it seems astounding that so little attention has been paid to any scheme whereby their medical care can be paid for, yet the medical profession cannot go on indefinitely, carrying these huge and growing costs.

During the last session of the British Columbia Legislature the report of the Royal Commission on Health Insurance and Maternity Benefits was brought down and a copy has been sent to every medical man in British Columbia. We have not yet had time to examine this exhaustively but on the whole it would seem a very fair report and in line in its main particulars with the principles that we as medical men have striven for. There are two main points on which further information is necessary. First, as regards the indigents. There would seem to be no definite plan worked out for their medical care as was in the report made to the British Columbia Medical Association. Second, as regards doctors' fees. It is not quite clear what the scale of fees would be but this would probably be brought out by further discussion.

A brief analysis of this report will be made for the *Journal* in the early future.

All of which is respectfully submitted.

J. H. MacDERMOT,
Chairman.

Approved.

REPORT OF THE COMMITTEE ON ETHICS AND CREDENTIALS

Mr. Chairman and Members of Council:—

This Committee has had no problem to solve this year.

All of which is respectfully submitted.

L. J. AUSTIN,
Chairman.

Approved.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION

Mr. Chairman and Members of Council:—

The Committee considered the "Method Proposed for Conducting one Conjoint Examination for University Degree and Licentiate of the Medical Council of Canada", a copy of which was sent by Dr. A. Primrose, at that time Dean of the Faculty of Medicine, University of Toronto, to the Deans of the other Medical Colleges in Canada.

The outline of the scheme read as follows:—

METHOD PROPOSED FOR CONDUCTING ONE CONJOINT EXAMINATION FOR UNIVERSITY DEGREE AND LICEN- TIATE OF THE MEDICAL COUNCIL OF CANADA

I. THE METHODS OF THE APPOINTMENT of Examiners for the Conjoint Examination between the Medical Council of Canada and the Universities in Canada would be as follows:—

A.—MEDICAL COUNCIL OF CANADA

1. The Medical Council of Canada would appoint the Main Board of Examiners as at present. The examiners appointed should hold academic teaching appointments in the subject in which they examine. This Board would set the written examination papers for all the centres in Canada as at present.

2. Local Boards of Examiners for the Oral and Clinical Examinations in the various centres where the examinations are held should consist of:

- (a) One examiner in each subject *who is not a member* of the teaching staff of the University in the centre where the local examination is held.
- (b) One examiner in each subject *who is a member* of the teaching staff of the University in the centre where the local examination is held. This appointment should be made on the nomination of the Faculty of Medicine of the University concerned.

B.—THE UNIVERSITY CONCERNED

The University in the centre where the Examination is held would appoint:

1. One or more examiners in each subject who would read and mark the answers to the written papers (set by the Main Board) of the candidates from their University. The marks given by these examiners would be used by the University concerned, along with the Oral and Clinical marks, in deciding if the candidate should receive his degree.

2. Examiners for the Local Boards for the Oral and Clinical Examinations:—

- (a) One examiner in each subject *who is not a member* of the teaching staff of the University in the centre where the Local Examination is held, would be appointed as an Extra-mural Examiner.
- (b) One examiner in each subject *who is a member* of the teaching staff of the University in the centre where the Local Examination is held.

Note.—(The object of the above method of appointing Examiners to the Local Boards is to provide for the same examiners in each subject being appointed by both the Medical Council of Canada and the University concerned in each of the Local Centres).

II. PROCEDURE

1. The candidates in each centre would write the examination paper and attend the oral and clinical examinations in each of the centres in the same manner as at present.

2. The written papers of the candidates from the University in which they have taken their medical course are to be read and marked by the examiners in each subject appointed by the University (B. 1).

3. These marks on the written papers and the marks given at the clinical and oral examinations will be considered and dealt with as is done at present in the University concerned.

4. The candidates who have been passed by the University will have the degree conferred upon them.

5. The written papers of the candidates who have received their degree from the University will be read and marked by the Main Board of Examiners of the Medical Council of Canada, as at present.

6. The marks given to the candidates by the Main Board of Examiners and by the Local Boards will be considered and dealt with by the Medical Council of Canada as at present, and the successful candidates will be given the Licentiate of the Medical Council of Canada.

7. Candidates in the Local Centres who are trying the Medical Council of Canada Examinations only will be dealt with as at present.

The adoption of this method of holding Conjoint Examinations prevents any candidate from having his Examination papers examined by the Main Board of Examiners of the Medical Council of Canada until he has been passed upon and received his degree from his University.

It overcomes the present necessity of candidates being subjected to two examinations within two or three weeks of one another and very often by the same examiners.

The use of Extra-mural Examiners by Universities is copied from the method adopted at Universities in Great Britain. It has the advantage of broadening the field of the subjects, which has to be covered by the students in their preparation, as they are not familiar with the particular eccentricities of these outside Examiners.

A similar scheme is in actual operation between the National Board of Examiners of the United States and the University of Minnesota, as described by the following extract of a letter of February 13th, 1932, from Dr. E. S. Elwood, the Executive Secretary of this Board:—

"At Minnesota, the students are given the choice of taking their National Board's examination in Part I. at the end of their second year instead of the school's comprehensive examination, and Part II. at the end of the fourth year in place of the school's finals. The papers written by the candidates electing to take the National Board's examinations are turned over to the faculty, who grade them for their own purposes. They are then forwarded in a few days to the National Board's office and are graded by the National Board's examiners for the records and purposes of the National Board."

As the arrangements between the National Board and the Universities in the United States have been worked out between each University and the Board, it is suggested that a similar plan might be undertaken in Canada, any University which desires to adopt the scheme of a Conjoint Examination entering into negotiations with the Medical Council of Canada as well as its Provincial Licensing Body for the purpose of bringing it into effect.

Your Committee consider—

1. That the high standards of the Medical Council of Canada would be maintained under the Proposed Scheme of Conjoint Examinations between the Medical Council of Canada and any of the Canadian Universities granting degrees in Medicine.
2. That the adoption of such a scheme would result in an increased number of the graduates in Medicine of Canadian Universities becoming Licentiates of the Medical Council of Canada.

The Committee further recommend that more students graduating in Medicine should be encouraged to take positions as assistants to medical practitioners, instead of or as well as acting as interns, in order that they may obtain practical experience in the art and practice of medicine before they begin independent practice themselves.

All of which is respectfully submitted.

E. S. RYERSON,
Chairman.

Approved.

After considering this report, the following resolution was passed by Council:—

"That Council express its approval of the plan outlined to do away with the multiplicity of examinations; and that this report of the Committee on Medical Education, with a covering letter, be sent to each medical school in Canada."

REPORT OF THE POST GRADUATE COMMITTEE

Mr. Chairman and Members of Council:—

The last year has been one of exceptional difficulty in the practice of Medicine. Medical service has been rendered as usual, but cash receipts have dwindled,—in some cases almost to the vanishing point. In the face of the financial depression few doctors in Canada have been able to take refresher courses in the teaching centres, either in Canada or abroad. How far this need has been met by the post-graduate program of the Canadian Medical Association, it would be difficult to estimate, but it will be agreed that there has never been a time since its inauguration, when such a program was more valuable to the medical profession generally.

The Association has been exceedingly fortunate in being able to carry on the post-graduate work, in these times of salary cuts and drastic economy, without the slightest impairment of efficiency. For this we are indebted as in past years to the Sun Life Assurance Company of Canada and we again express our gratitude for their great generosity. Their grant of \$30,000 for the year beginning September, 1931, is a fine appreciation of the value of good medical service to the people of this country.

Your Committee would take this opportunity of expressing its thanks for the cordial support, and particularly the co-operation of Affiliated Associations and Societies throughout the Dominion. It has been the aim to meet so far as possible the wishes of the locality as regards speakers, subjects and dates of meeting. But there are often great difficulties in following this policy. Speakers are not always available at the particular time they are desired. The fund at our disposal must be conserved by the careful routing of speakers, having regard to place and time. Money can be saved by planning such itineraries for teams of speakers as will include more than one province. In this case the speakers must be acceptable to at least two provinces. These are only some of the problems which confront your Committee but they illustrate the complexity of the work.

While every effort is made to cover the whole field of Medicine in the activities of the post-graduate scheme, the selection of the subject is, or should be, the responsibility of the societies. Some features deserve special emphasis. For example, speakers on Periodic Health Examination are always available. The important subject of Maternal Welfare in all its aspects should find a place on local programs at least once a year. Your Committee will undertake to arrange for demonstrations of field work by the Victorian Order of Nurses. This organization has a valuable contribution to make in this respect, as those, who have seen and heard, will testify. During the last year or two there have been important developments in the treatment of accidents from electricity. In Ontario the Hydro-Electric Commission is prepared to give demonstrations of Resuscitation in Electric Shock to medical societies throughout the province.

From the outset the post-graduate scheme has had definite ideals which we believe have been realized to a large extent, but there is still much to be desired. And this lies not so much with the Post-graduate Committee as with the provincial and local organizations. Specialists can bring to various parts of Canada all that is new in Medicine. But the primary object is not to inform but to stimulate. Hence discussion of presentations should be encouraged locally in every possible way. At least part of every program should be supplied by local members. Clinics are invaluable, but they should be carefully planned in advance of the meeting. The clinician should know beforehand the cases he is to discuss. Histories and laboratory findings should be complete and available in such a form that they may be reviewed easily. If possible a local doctor should personally present the history.

The appended statistical table covers the activities of the Post Graduate organization from its inception to September, 1931.

Year	Number of Speakers	Number of Addresses	Average Attendance	Total Attendance	Total Cost	Cost Per Lecture Per Doctor
1926.....	169	513	29	17,264	\$30,100.27	\$1.74
1927.....	269	729	27	19,683	28,831.66	1.46
1928.....	329	802	31.7	25,423	33,336.45	1.31
1929.....	379	730	36	26,287	31,257.21	1.19
1930.....	300	580	38	22,036	27,961.78	1.27
1931.....	309	703	30.57	22,487	30,472.57	1.35
Total.....	1,755	4,057	32	133,180	\$181,959.94	\$1.39

All of which is respectfully submitted.

GEO. S. YOUNG,
Chairman.

Approved.

REPORT OF THE INTERPROVINCIAL RELATIONS COMMITTEE

Mr. Chairman and Members of Council:—

You will recall that a recommendation was made to Council by the Inter-Provincial Relations Committee at the meeting in Vancouver in June, 1931, which provided that two of the delegates from each provincial association should be delegates year after year.

Our recommendation was that these two delegates from each provincial association be provided by their provincial association with places on their provincial executive year after year.

This would ensure continuity and permanence in the link between the Council of the Canadian Medical Association and each of the provincial executives.

A further recommendation arising out of this was that these eighteen provincial delegates should automatically constitute the Inter-Provincial Relations Committee.

These recommendations were accepted by Council. Subsequently they were accepted in principle by all but one of the provincial associations.

We request this year that Council take the necessary steps to have these changes of procedure incorporated in the by-laws.

All of which is respectfully submitted.

J. S. McEACHERN,
Chairman.

Approved.

REPORT OF THE NURSING SURVEY COMMITTEE

Mr. Chairman and Members of Council:—

The Joint Study Committee of the Canadian Nurses' Association and the Canadian Medical Association was organized in the summer of 1927 for the purpose of considering the position of the nursing profession in Canada and, if deemed advisable and practicable, to conduct a Survey that would be national in its scope. By November, 1929, the organization of the study was advanced to a point where Dr. Weir, Chief of the Department of Education in the University of British Columbia, assumed charge as Director. At previous annual meetings of this Association, interim reports have been presented, indicating the progress that was being made. Late in the autumn of 1931, the report was completed and placed in the hands of the University Press of Toronto for publication. The Committee was able to make very satisfactory arrangements with the University for the printing and distribution of the Survey. An edition of 3,000

copies was contracted for and these were available to those interested, on the first of March last.

It may be of interest to know that more than half the edition had been sold before the date on which this report was written. The price for individual copies was placed at \$2.00 and in quantities of ten or more a charge of \$1.75 is made.

While the Survey was a national undertaking, any application of the findings will be largely a matter for provincial consideration. That being the case, it was felt that a Joint Study Committee should be organized in each province to be composed of representatives from the nursing and medical professions and the hospitals association and that this group should select two or three lay members possibly from pedagogic and social service interests. In this way, a group interested in the care of the sick would be made available for the study of the recommendations submitted by the director. Subsequently, each provincial committee would be responsible for the preparation of a program embodying such changes as it might consider advisable in their particular province. Moving in this way, it is the hope of the National Committee that each province will become generally interested in the report and in time arrange to make such application of the recommendations as its health considerations will warrant.

We trust that this Association will approve of the actions of your Joint Committee and further that you will accept our recommendation that the Committee be continued for such time as may be necessary to carry through to completion whatever plans may be finally adopted both federally and provincially.

On behalf of the Committee, may we express our thanks for the very cordial spirit in which you have cooperated with us and particularly with the Director during the progress of the field work. We also wish to offer our sincere appreciation of the very substantial manner in which you have financially assisted our work. In this connection, we desire to place before this Council the thanks of the representatives of the Canadian Nurses' Association and on their behalf to ask you to accept the appreciation of the whole body of graduate nurses in Canada for your support. May we express the hope that the experience gained by the cooperation of the two professions in this Survey may lead to a prompt consideration of future problems that are of mutual interest and thus point the way to closer cooperation among all those agencies upon which rests the responsibility for the care of the sick.

The Report of the Survey of Nursing Education in Canada, a copy of which is here submitted, is a volume of nearly six hundred pages and covers, we believe, every phase of nursing in Canada as well as provides complete information regarding the contacts which the profession of nursing makes with other professions, hospitals and social organizations throughout the country.

It is factual to a greater degree, perhaps, than most similar reports, because the Director has actually visited scores of hospitals, training schools and social organizations interested in welfare work and so was able to secure his information at first hand. This, together with the returns from many questionnaires placed him in a position to present a fair picture of the problems upon which he was asked to report.

The recommendations are the result of a study of these facts in the light of the knowledge of sociology and education possessed by the Director and to-day represents his considered opinion.

All of which is respectfully submitted.

G. STEWART CAMERON,
Chairman.

Herewith appended is the financial statement of the Committee which has been duly audited.

REVENUE STATEMENT FOR THE PERIOD FROM
NOVEMBER 1ST, 1929, TO FEBRUARY 29TH, 1932.

<i>Receipts</i>	
Alberta Medical Association.....	\$ 200.00
Canadian Medical Association.....	4,000.00
Canadian Nursing Association.....	22,217.00
Ontario Medical Association.....	2,000.00
	<hr/>
	\$28,417.00
<i>Expenditures</i>	
Postage.....	\$ 768.12
Salaries.....	21,555.47
Office Supplies.....	522.63
Printing.....	926.92
Travelling Expenses.....	2,267.26
General Expenses.....	1,231.24
	<hr/>
	\$27,271.64
Cash in Bank.....	1,145.36
	<hr/>
	\$28,417.00

I have examined and audited the books and accounts of the Study Committee on Nursing Education and certify the above to be a true statement of their receipts and expenditures for the period as stated above.

J. H. DIGNAM,
Auditor.

Toronto, April 23rd, 1932.

Approved.

A resolution was passed by Council requesting Dr. G. Stewart Cameron, Chairman of this Committee, who is planning to attend the annual meeting of the Canadian Nurses' Association in Saint John, N.B., to extend to the Canadian Nurses' Association greetings from the Canadian Medical Association.

REPORT OF THE COMMITTEE ON PHARMACY

Mr. Chairman and Members of Council:—

Two matters have been referred to the Committee on Pharmacy for their consideration. 1. The first was a letter of Dr. A. MacG. Young, of Saskatchewan, *re* the character of the licensees to whom licenses were issued under the Patent and Proprietary Medicines Act. I have taken this matter up with Dr. Young and I think that he agrees with me that there is very little that can

be done in regard to it. Unfortunately, under the Act the character of the licensee does not have to be taken into consideration. Any person practically, can apply and though the Department I know has been more careful than formerly in regard to the granting of licenses to unsuitable persons, any person, no matter how unsuitable, has under the Act a right as a citizen to a license as long as the requirements of the Act are fulfilled. There is just one place where the Government can make it difficult for unqualified persons to receive licenses, namely, under section 3/3—if a proprietary contains any drugs included in the schedule, the minister can insist that the preparation shall be continuously supervised by a pharmacist or chemist. Unfortunately, this is no real bar and difficulty to the licensee, as even the most worthless proprietaries, and indeed actual frauds, have been put up by supposedly reputable pharmaceutical houses.

In view of this situation, there is but one action that the Canadian Medical Association could take, namely, to request the Government either to (a) more carefully scrutinize the persons to whom licenses are granted or to (b) suggest a modification of the Act such that the Department must pass on the character of the licensee before granting a license. In my opinion, the first is a pious expression and the second will not be acted upon at the present juncture.

2. The second matter to which my attention was drawn was that in reference to thallium acetate and its use in proprietaries or other cosmetic preparations.

Cases of poisoning from time to time occur with various cosmetic preparations. To the list thallium acetate is a recent addition. Such cases of poisoning are, on the whole, rarities; and whether thallium acetate will form an exception if extensively used in creams, is very hard to say. The number of cases reported is not large, and whether this is due to the fact that only here and there individuals are sufficiently susceptible to absorb toxic quantities from the skin, or whether it is due to the lack of recognition of the minor forms of poisoning, one cannot at the moment say. The cases of poisoning on the whole from cosmetics have been so few and in most cases so lacking in seriousness that it is hard to say whether as a health hazard they should involve the setting up of the necessary machinery to deal with them. I find, in talking over this matter with members of the Committee and with other apparently well-informed physicians, that there is a definite misconception of the scope of the Food and Drugs Act. This Act supersedes the old Adulteration Act and perhaps, unfortunately, has a narrower scope. It deals merely with foods on the one hand, and drugs on the other hand, and a drug is specified as a substance used for the cure or alleviation of disease. Cosmetic substances do not fall within its scope, nor could any more extension of this Act be made such as to bring them within its scope without endangering the administration of the Act as it now stands.

Were it considered necessary in the interests of the public health to regulate the sale of cosmetic substances, it would be wiser to proceed through new legislation, introducing a new Bill dealing with cosmetic substances. Under such a Bill, which would in a sense parallel the Patent and Proprietary Medicines Act, it could be required that any cosmetic substance, and the definition could be made as wide as one chose, could not be sold in Canada save after having received a license from the Department of Health.

3. In view of the above, the only suggestion that I can offer to the Canadian Medical Association is that they should suggest that these two matters be discussed either at the Dominion Council of Health or at one of the Conferences sponsored by the Canadian Medical Association.

4. The Canadian Committee on Pharmaceutical Standards has the material for the suggested Canadian Formulary and Addendum to the British Pharmacopoeia, 1932, in such form that it could go to press as soon as the British Pharmacopoeia is published, but there is reason to believe that this will not occur till July or August. A further matter has, however, arisen, namely, that the General Medical Council apparently will not countenance the Canadian Committee overriding monographs prepared

by the Pharmacopœia Commission. It is obvious that in some cases this should be done. This will require an amendment in the Food and Drugs Act, or a new Act, and I would recommend strongly that the Executive Committee for next year be empowered to take such steps as are necessary to protect the interests of the medical profession, if such amendments or new Act is required.

All of which is respectfully submitted.

VELYIEN E. HENDERSON,

Chairman.

Approved.

It was reported that, after the above report had been printed, the following resolution was received from the Registrar of the College of Physicians and Surgeons of the Province of Saskatchewan:—

"That the Registrar be instructed to communicate with the Canadian Medical Association, advising that certain persons in Saskatchewan are having certain medical remedies patented, and, under the guise of selling these medicines, are indirectly practising medicine; and, further, that the Canadian Medical Association be requested to have this matter taken up with the Department of Pensions and National Health, with a view to having changed the method whereby remedies are patented, in order to eliminate as far as possible the opportunity for persons to practise medicine irregularly under the guise of selling patent remedies."

Council passed this matter to the Executive Committee for action, and it was later agreed by that Committee that it should be taken up with the Honourable Minister of Health for Canada.

REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS

Mr. Chairman and Members of Council:—

Due notice having been given, the following changes in the Constitution and By-Laws are being proposed at this meeting of Council:—

1. Chapter IV., Section 2, shall have the following addition:—

"When any Section fails for any cause to appoint Sectional Officers in any year, it shall be in order for the Executive Committee to nominate officers for that Section for the year."

This is made necessary by the fact that it has occasionally happened that Sections have failed to meet, or, having met, have failed to appoint their officers. In such an event, the activity of the Section for the following year is hampered.

2. Chapter VIII., Section 1, shall be amended by the deletion of the last clause of the second paragraph, which reads:

"It shall appropriate a sum from the funds of the Association which shall be available during the ensuing fiscal year for the purposes of the Editorial Board."

This becomes necessary since the Editorial Board is now a Committee of the Association and its expenses are

a charge on the general funds and are not met by a special grant to the Editorial Board.

All of which is respectfully submitted.

J. D. ADAMSON,

Chairman.

Considerable discussion ensued with reference to the first suggested amendment, and the following resolution was finally passed:—

"That the suggested amendment of Chapter IV, Section 2, be referred to the Executive Committee for study and report to the next annual meeting of the Association."

The second amendment (Chapter VIII, Section 1) was approved.

REPORT OF THE MATERNAL WELFARE COMMITTEE

Mr. Chairman and Members of Council:—

I beg to submit the following report of the Maternal Welfare Committee for the past year.

The publicity and educational campaign which your Committee has been carrying on for the past four years through the Provincial Medical Societies and Associated Social Agencies is beginning to have some effect, chiefly in arousing public interest and creating a community consciousness of the necessity for adequate maternal care. It may also be responsible for the lowering of the mortality rate in Canada for 1931. While statistics are available only for the first nine months of that year, they shew for that period a maternal death rate of less than five per thousand live births.

Provincial Societies are taking a keener interest in maternal welfare than ever before.

Manitoba reports as follows:—"The maternal mortality rate in Manitoba for 1931 was 4.25 per thousand live births, one of the lowest on record. The Province of Manitoba maintains a system of public health nurses who go into the outlying districts, and the advice and attendance given by these nurses have been of inestimable value. The Provincial Government also pays for medical care rendered to citizens of the Province living in unorganized areas who otherwise would be unable to procure medical assistance."

From Nova Scotia comes the suggestion that "All expected cases of labour should be reported in time for suitable nurses to make prenatal visits. Possibly it may not be possible to make this compulsory, but a great deal may be accomplished by effort. Physicians can aid in this by having the public advised that they will only attend such cases as are so reported and receive such prenatal care."

Nova Scotia is also opposed to midwives, and definitely states that "without question we should not adopt the midwife system. We should have a sufficiently large number of nurses fully trained to give prenatal, natal and postnatal instruction and care. These should be public health nurses, bonused by the Provincial and Municipal authorities. The time has come when no province can afford to be without these full time health nurses, particularly in rural districts. Indeed, we are of the opinion that even this particular campaign should be directed to rural rather than urban sections."

Nova Scotia further states that we should fully develop the idea of having this subject (of maternal welfare) brought at least once a year before every medical society.

Ontario has been particularly active in its publicity campaign, and in Toronto an advisory committee to the Board of Health has been officially recognized and is making an intensive study of maternal care, with the object of ensuring increased efficiency of service to the

expectant mother and some compensation for the attendant doctor:

No reports have been received from the other provinces.

Your Committee is of the opinion that everything possible should be done to prevent the curtailment of health services under present economic conditions, particularly of services which have to do with the preservation of maternal and child life.

Your Committee would again draw attention to the necessity for improvement in obstetrical technique. This should be in no way inferior to surgical technique, and the use of proper masks and other precautions would undoubtedly prevent many cases of puerperal infection.

Your Committee would also draw attention to the necessity for proper organization for maternal care and welfare in our cities, towns and districts. Pre- and post-natal clinics should be organized in all hospitals receiving public grants, as well as in all districts of cities or towns which are not adequately served by hospital clinics.

Your Committee would further recommend as follows:—

1. That every means should be taken to impress on the profession the necessity for a war against infection in obstetrical cases.
2. That inasmuch as important advances have been made of recent years in obstetrical practice and technique, means should be taken to improve post graduate, undergraduate and nursing education in obstetrics without further delay.
3. That a campaign of public education on maternal welfare, including pre-, intra- and post-natal care, and correlating the medical and nursing services with those of the different social agencies, should be carried out in each province.
4. That the Department of Health in each province should establish a medical service in unorganized districts by providing for the appointment and reasonable remuneration of young practitioners to give medical service in such districts and outposts.
5. That an Advisory Committee on maternal welfare should be appointed in each province. This committee should be appointed by the Deputy Minister of Health in consultation with the Provincial Medical Association, and should consist of lay as well as professional representatives.
6. That the Department of Health of each province should establish a minimum standard of equipment for all maternity hospitals and homes, and should undertake the routine inspection and bacteriological testing of all sterilizing equipment in such hospitals and homes.

All of which is respectfully submitted.

W. B. HENDRY,

Chairman.

Approved.

It was decided by Council that a copy of this report, with a covering letter, should be sent to each of the Provincial Medical Associations.

REPORT OF THE MEYERS MEMORIAL COMMITTEE

Mr. Chairman and Members of Council:—

Your Committee begs to report that, through the cooperation of the Canadian National Committee on Mental Hygiene, we hoped to have a number of papers submitted this year for the Meyers Memorial Prize; but, to date, none have been received. However, we are pleased to note that there appears to be a certain amount of interest aroused among members of the staffs of The

Ontario Hospitals, and we are very hopeful that, before another year, we may be in a position to announce the name of the first successful candidate for the prize.

Your Committee would recommend that this matter be kept before the profession by notices or reminders published from time to time in the *Canadian Medical Association Journal*.

In closing, we desire to express our appreciation to the Canadian National Committee on Mental Hygiene for the interest they have taken in this matter, and we would express the hope that their cooperation may be continued.

All of which is respectfully submitted.

J. T. FOTHERINGHAM,

Chairman.

Approved.

The General Secretary reported that, since this report had been printed, a paper entitled, "The Functional Neuroses" had been sent in by Dr. A. McCausland, senior physician at the Ontario Hospital, Mimico, which, the Committee had decided, was worthy of the award.

It was agreed by Council that the recommendation of the Meyers Memorial Committee be approved and that the General Secretary be authorized to take the necessary steps to have the award paid to Dr. McCausland.

NEW BUSINESS

The following cable was sent to His Royal Highness, the Prince of Wales, Patron of the Association:—

"The Canadian Medical Association assembled in sixty-third annual session extends heartiest birthday greetings to your Royal Highness."

The following reply was received from His Royal Highness:—

"Please convey to our members Canadian Medical Association in Toronto my sincere thanks for their good wishes.

EDWARD P."

ELECTIONS

The following were elected to office:—

President—Dr. A. Primrose, Toronto.

President-Elect—Dr. G. A. B. Addy, Saint John.

Honorary-Treasurer—Dr. Frank S. Patch, Montreal.

Chairman of Council—Dr. A. T. Bazin, Montreal.

General Secretary—Dr. T. C. Routley, Toronto.

Members at large of the Executive Committee:—

Dr. J. D. Adamson, Winnipeg;

Dr. J. C. Meakins, Montreal.

Dr. J. G. Fitzgerald, Toronto.

Dr. Geo. S. Young, Toronto.

Dr. G. Stewart Cameron, Peterborough.

Dr. C. J. Veniot, Bathurst.

Dr. J. S. McEachern, Calgary.

Dr. F. N. G. Starr, Toronto.

Dr. Léon Gérin-Lajoie, Montreal.

Dr. J. E. Bloomer, Moose Jaw.

Dr. J. T. Fotheringham, of Toronto, was elected a Life Member of the Association.

ANNUAL MEETING 1933

It was decided that the annual meeting of the Association for 1933 will be held in Saint John, N.B., on June 19th, 20th, 21st, 22nd and 23rd.

BUSINESS FROM THE ANNUAL MEETING

It was agreed by Council that the newly elected Executive Committee should be instructed to appoint Chairmen of Committees and deal with all matters of business which may arise from the annual meeting.

CHAIRMEN OF COMMITTEES

Archives:

Dr. C. F. Wylde, Montreal.

Advisory Committee to the Department of Hospital Service:

Dr. A. K. Haywood, Vancouver.

Public Health and Medical Publicity:

Dr. J. G. FitzGerald, Toronto.

Economics:

Dr. W. Harvey Smith, Winnipeg.

Ethics and Credentials:

Dr. L. J. Austin, Kingston.

Medical Education:

Dr. E. Stanley Ryerson, Toronto.

Post-graduate and Central Program Committees:

Dr. Geo. S. Young, Toronto.

Inter-Provincial Relations:

Dr. J. S. McEachern, Calgary.

Pharmacy.

Dr. V. E. Henderson, Toronto.

Constitution and By-Laws:

Dr. Ross Mitchell, Winnipeg.

Maternal Welfare:

Dr. W. B. Hendry, Toronto.

Meyers Memorial:

Dr. J. T. Fotheringham, Toronto.

Conference on the Medical Services in Canada:

Dr. A. T. Bazin, Montreal.

Royal College of Surgeons of England:

Dr. A. Primrose, Toronto.

Legislation:

Dr. G. D. Stanley, Calgary.

Representatives of the Canadian Medical Association on the Study Committee on Nursing:

Dr. G. Stewart Cameron, Peterborough.

Dr. A. T. Bazin, Montreal.

Dr. Duncan Graham, Toronto.

Editor of the *Journal*:

Dr. A. G. Nicholls, Montreal.

Managing Editor of the *Journal*:

Dr. Frank S. Patch, Montreal.

CONCLUSION

Attention was given to many other details in connection with the work of the Association, which were passed on to the various committees for consideration and report.

All of which, on behalf of the Council and the Executive Committee of the Canadian Medical Association, is respectfully submitted.

T. C. ROUTLEY,
General Secretary.